

**Unit Request for Independent Duty Personnel (IDP) Fitness Memberships/Respite Care Authorization  
DoD MILITARY TITLE 10 ONLY!!**

**Comment [KCMMCU1F1]:** This is an Unit Request not an Individual Request. Everyone who is eligible and interested in participating needs to be listed on the form

Command Name:  
Command fitness membership point of contact:  
Address:

**Comment [KCMMCU1F2]:** Unit Name. What is the name of the unit filling out this request. It is a unit decision as to what level this request will be submitted (i.e. Brigade, Battalion, Company, Station, etc).

Phone/Fax Number:  
Email:

**Comment [KCMMCU1F3]:** Whoever will be the unit POC. Unit decision on who this will be. It is not the Service POC.

Number of eligible personnel assigned to command:

**Comment [KCMMCU1F4]:** Can list Battalion or Company address, but also need the actual duty address

Number of personnel requesting single private fitness memberships:

**Comment [KCMMCU1F5]:** Unit POC information

Rate/Rank/Full Name of each service member applicant:

**Comment [KCMMCU1F6]:** Active Duty Title 10 with a minimum of six months remaining at the unit in Title 10 status

Name/Address/Phone number/POC of Private Fitness facility of choice:

**Comment [KCMMCU1F7]:** i.e. Gold's or Bally's private gym memberships

**Comment [KCMMCU1F8]:** Please type or print legibly. Service Members only wanting a private gym membership

Number of personnel requesting YMCA family memberships:

**Comment [KCMMCU1F9]:** Number of service members not family members

Rate/Rank/Full Name of each service member applicant:

**Comment [KCMMCU1F10]:** Please type or print legibly. Service members names only wanting YMCA memberships

**The following statement must be on each request and signed by the Commanding Officer/Officer in Charge:**

*I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I also certify the above named active duty personnel are assigned to this command and will be for a minimum of six months. This command does not pay for fitness memberships for our personnel and this command does not have access to a free fitness facility at or near this location. The above mentioned personnel are aware that their memberships will NOT be renewed if not used a minimum of 8 times per month.*

\_\_\_\_\_  
Signature  
Name:  
Title:  
Email Address:  
Phone Number:

**This section to be used by Services' Point of Contact**

Request for Independent Duty Personnel fitness memberships is approved/disapproved. The above named personnel are also authorized Respite Child Care at YMCAs that meet DoD criteria.

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Service POC signature