

MONTHLY RATE CHARGE \$ _____ x 6 = \$ _____

Updated 02/10

Request for Title 10 Independent Duty Personnel (IDP)

Fitness Memberships/Respite Care Authorization

Command Name _____

Address _____

City _____ State _____ Zip _____

Duty Address if different from Command Address: _____

Command fitness membership Point of Contact _____

Phone _____ Fax _____ E-mail _____

Number of active duty personnel eligible to participate (**Title 10 Only**): ____

Number of personnel requesting single fitness membership at a **private fitness facility**: ____

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

(All members in the command **MUST** attend the same private facility)

_____ Phone _____

Rate/Rank/Full Name of each Service member (Please print legibly):

_____	_____
_____	_____
_____	_____
_____	_____

Number of personnel requesting **YMCA memberships**: ____

Rate/Rank/Full Name of each Service member (Please print legibly):

_____	_____
_____	_____
_____	_____
_____	_____

The following statement must be on each request and signed by the Commanding Officer or Officer in Charge if no Commanding Officer assigned:

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.

I will ensure all personnel understand the minimum usage of either the YMCA or private fitness facility is 8 times per month and no renewal will be authorized for any personnel not meeting this minimum usage requirement.

Printed Name/Title of Signature of Commanding Officer

This section to be used by Services' Point of Contact (see attached list for authorized signatures)
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.

Service POC signature

Copy to: ASYMCA and Requesting Command

Independent Duty Personnel (IDP) Authorized Point of Contact Approvers for YMCA Memberships

Navy

Ms. Vicki Teran

IDP approvals signed by these former authorized personnel are acceptable: Mr. Mike Bruner or J. Kelly Powell

Vicki.teran@navy.mil

Phone 202.433.4367

Fax 202.433.0936

Marine Corps

Marines IDP Request Process instructions found at www.mfr.usmc.mil/hq/mccs, under the Semper Fit tab. Once this process is completed online, the approved form will include one of these three authorized signatures:

If parent command is Marine Forces Reserve, the authorized signature is:

Mr. Davis Murphy

Davis.murphy@usmc.mil

Phone 504.678.8214

Fax 504.678.1082

If parent command Marine Corps Recruiting Command, the authorized signature is:

Mr. Gilbert Macias

Gilbert.macias@marines.usmc.mil

Phone 703.784.9429

Fax 703.784.9861

For all other USMC inquiries, please contact:

Mrs. Catherine Ficadenti

Catherine.ficadenti@usmc.mil

Phone 703.784.9542

Fax 703.784.9822

Army

Ms. Carole Kowta

IDP approvals signed by these former authorized personnel are acceptable: Dorie or Kelly Hickson

armyymca@conus.army.mil

Phone 703.681.5376

Fax 703.681.1616

Air Force

William E. Parker IV, Capt, USAF

IDP approvals signed by these former authorized personnel are acceptable: Donald Cook, Kelly Powell, Mike Bruner, Courtnee Cruz

william.parker@pentagon.af.mil

Phone 703.604.6420