

ELIGIBILITY FORM

Select One: New Membership Renewal Membership

Section 1: Sponsor Information

1. Sponsor Name (Last, First): _____
2. Sponsor Rank (E1 – O10): _____
3. Sponsor/Family 10 Digit Phone Number: _____
4. Sponsor/Family Email Address: _____

Section 2: Category/Eligibility Information

1. DoD Service Branch (Select One): Army Air Force Marine Corps Navy
2. Title 10 Status (Select One):
 - Active Duty Independent Duty Personnel
 - Unaccompanied Spouse/Family of Active Duty Service Members
Country of Deployment: _____
 - Unaccompanied Spouse/Family of Joint Deployed Guard and Reserve
Country of Deployment: _____
3. Projected Date Range of Assignment (Required for All Program Categories):
Start Date: _____ End Date: _____
Month / Year Month / Year

Section 3: Dependent Information

1. Spouse Name (Last, First): _____
2. Child Name(s), Age(s):
 - Name: _____ Age: _____
 - Name: _____ Age: _____
 - Name: _____ Age: _____
 - Name: _____ Age: _____

Section 4: Member Authorization Signature

1. I certify that I am/my spouse is currently Title 10 and is eligible for a membership under the Military Outreach Initiative.
2. I have read and understand the attendance requirements of the Military Outreach Initiative.

Signature of Sponsor or Spouse: _____ Date: _____