



US AIR FORCE MILITARY AUXILIARY RADIO SYSTEM (AFMARS)

Form 3660 - Membership Application

Application Type: New		Date of Application: 19-Feb-2025		(Required) Yes <input type="checkbox"/> Are you a US Citizen or Legal Alien over the age of 18?
First Name: _____		Nickname: _____		
Middle Initial: _____	Last Name: _____		Birthdate: _____	
FCC Callsign: _____		FCC Class: _____	Amateur FCC License Expires: _____	
Street Address: _____			City: _____	
State: _____	ZIP+4: _____	County: _____	Station Type: _____	
Contact Information - Provide Two Forms of Immediate Contact (Phone #'s with Area Code)				
E-mail Address: _____			If Military, which branch of service: _____	
Cell Phone: _____	<input type="checkbox"/>	Home Phone: _____	<input type="checkbox"/>	Previous MARS and Call Sign: _____
Work Phone: _____	<input type="checkbox"/>	Fax: _____		
Check (right) Next To Phone Numbers You Are Willing To Receive Texts Through, Above.			Previous MARS Service Dates	
STATION CAPABILITIES (Check All That Apply or Red = Required):			Start _____ End _____	
<input type="checkbox"/> Windows 10/11 with Sound Card and Internet <input type="checkbox"/> HF RADIO >=100W USB (2 - 30 MHZ) <input type="checkbox"/>				
<input type="checkbox"/> VHF <input type="checkbox"/> ALE <input type="checkbox"/> Field Deployable <input type="checkbox"/> Phone Patch <input type="checkbox"/> Emergency Power <input type="checkbox"/> HF AMP <input type="checkbox"/>				
<input type="checkbox"/> (Required) Check if you agree to participating in your primary on-air (POA) assignment a minimum of 18-hours per calendar quarter; participate in periodic USAF MARS communication exercises, at least two per year; and, if this is a new application or transfer from Army MARS, complete your AFMARS training within the 180 day maximum training period.				
<input type="checkbox"/> (Required) Check if you have ever resigned or been terminated from any MARS service (Army, Navy-Marines, Air Force)? If resigned or terminated, why and when?: _____				
In a few words express why you want to join AFMARS _____			Resignation/Termination Date: _____	
Optional Data - Generally Describe Past Military Service (Branch, Type of Service, Highest Rank, Dates Served), Other Amateur Radio Involvement (Other licensed callsigns, years active, awards and honors, organizations and/or positions served), and/or HF equipment.				
PRIVACY ACT STATEMENT - Authority: 5 U.S.C 301 and 10 U.S.C 133 Purpose: To establish eligibility for enrollment, renewing or modifying Air Force Military Auxiliary Radio System (AFMARS) membership and record member's personal information. Routine Uses: This information will be used to provide identification, address, and personal information to AFMARS leadership and members. Disclosure: Furnishing this information is voluntary. However, this form is required to be completed for an individual to become a member in AFMARS. Failure to provide this information may result in a delay or denial of membership. General Release: In consideration of the permission extended to me by the United States through its officers and agents to engage in activities of the Military Auxiliary Radio System, I do hereby, for myself, my heirs, executors and the administrators, release, and forever discharge the government of the United States, its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions or cause of action, on account of all damage to property and personal injuries, or death, suffered by me directly or indirectly resulting from my participation in the activities of the Military Auxiliary Radio System. I certify that I will abide by all the governing rules and regulations now and hereafter prescribed by the Department of Defense for the Military Auxiliary Radio System. (This release is not intended to apply and shall not be construed to apply to statutory rights of personnel in the military service, nor to any rights of individuals under policies of life insurance (E.G., NSLI) or other forms of contracts with the United States.).				
Applicant Signature: _____			Group: _____ Previous FCC Callsign: _____	
Group Commander Approval: _____			Wing: _____	
Wing Commander Approval: _____				

E-mail completed form and a copy of your FCC Amateur Radio License Certificate to: hqccc.afmars@us.af.mil or recruiter.