



# UNITED STATES AIR FORCE MILITARY AUXILIARY RADIO SYSTEM (AFMARS) MEMBERSHIP APPLICATION

NEW

RENEWAL

UPDATE

TRANSFER

APP DATE

\_\_\_\_ mm \_\_\_\_ dd \_\_\_\_ yyyy

NAME:

\_\_\_\_\_  
Last First MI Preferred or Nickname Salutation

ADDR:

\_\_\_\_\_  
Street

Birth Date:

\_\_\_\_ mm \_\_\_\_ dd \_\_\_\_ yyyy

\_\_\_\_\_  
City State (2 Ltrs) Zip Code + 4 (+ 4 required) County or Parish

U. S. Citizen Y N If no, are you a Legal Resident Alien? Y N

## PREVIOUS MARS EXPERIENCE (if applicable, do not include current membership)

SERVICE(S): \_\_\_\_\_ CALL SIGN(S): \_\_\_\_\_

DATE(S): \_\_\_\_\_

## CONTACT INFORMATION At least 2 forms of immediate contact must be supplied. (Include area codes)

CELL: (\_\_\_\_) \_\_\_\_\_

OFFICE: (\_\_\_\_) \_\_\_\_\_

HOME: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Does your cell phone receive text messages? Y N

## FCC AMATEUR RADIO LICENSE INFORMATION

Call Sign: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
mm/dd/yyyy

Station Type: Individual Military Club If Club, trustee MARS call sign: \_\_\_\_\_

## YOUR STATION CAPABILITY

High Frequency radio, minimum 100W PEP RF output & antenna 1.8-30 MHz, capable of operating outside amateur bands

Windows 10 PC & sound card VHF Pt. 97 cert HF AMP EMERGENCY PWR PHONE PATCH ALE

Internet service Station capable of field deployment? Y N

### PRIVACY ACT of 1974 STATEMENT

Under the authority of 5 U.S.C 301 and 10 U.S.C 133, the information requested in this application is for the purpose of establishing, renewing or modifying AFMARS membership. This form will be main-tained as part of official AFMARS records. The information on this form will not be divulged to non-AFMARS members without your written consent. Disclosure of the information is voluntary. Failure to provide the requested information may result in disapproval of the application or delays resulting from additional research required to establish satisfactory eligibility. False statements made in this application constitute grounds for denial of admission to AFMARS or immediate dismissal if determined after license has been issued. I certify that the information on this form is accurate and correct to the best of my knowledge. Information provided may be verified prior to processing. I agree to the release of my information, strictly for the purpose of administering the AFMARS program and only within the AFMARS program. In so doing I do not relinquish any civil rights or privacy rights.

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.)

This completed form contains FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C.552) and/or the Privacy Act of 1974 95U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties. Further distribution is prohibited without the approval of the author of this message unless the recipient has a need-to-know in the performance of official duties. If you have received this completed form in error, please notify the sender and delete all copies of this completed form.

Certification: Applicant has or will obtain an HF station and antenna that operate outside FCC authorized amateur radio bands, 1.8-30.0 MHz, with at least 100W PEP RF output power, and a Windows 10 computer with sound card usable with HF station for transmission of MARS-specified digital modes.

Applicant Signature: \_\_\_\_\_

Group Commander Approval: \_\_\_\_\_

Wing Commander Approval: \_\_\_\_\_

E-mail completed  
form and a copy of  
your FCC Amateur  
Radio license to:  
join@afmars-mil.us