

# 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  
Dr. \_\_\_\_\_  
Salutation

ADDR: \_\_\_\_\_  
Street Date of Birth (mm / dd / yyyy) Must be 18 or older  
\_\_\_\_\_  
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  Cell phone provider: \_\_\_\_\_

### FCC AMATEUR RADIO LICENSE INFORMATION

Call Sign: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
mm/dd/yyyy  
Station Type Personal:  Military:  Club:  If Club, trustee MARS call sign: \_\_\_\_\_

### YOUR STATION CAPABILITY

Capable of field deployment? Y  N  High Frequency requirement: 3-30 MHz, stability +/- 20 Hz. VHF: 136-174 MHz, 12.5 KHz channel spacing  
Check all applicable: HF USB (required)  VHF  HF AMPLIFIER  EMERGENCY POWER  PHONE PATCH  ALE   
(HF radio 100 watt minimum output required)  
Digital capability: FL Digi  Ham Radio Deluxe  RTTY  AMTOR  PACTOR  Olivia  MixW  MT63   
(At least one digital mode required)

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 MARS membership. This form will be maintained as part of official MARS records. The information on this form will not be divulged to non-MARS 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 MARS program and only within the MARS 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, remise, 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.)

Signatures below, made by digital data entry are considered valid and binding.

Applicant Signature: \_\_\_\_\_  
Group Commander Approval: \_\_\_\_\_  
Wing Commander Approval: \_\_\_\_\_

Save a copy of this form then submit PDF application by E-Mail or hard copy by United States Postal Service as indicated.

Submit this form via E-Mail to: [join@afmars-mil.us](mailto:join@afmars-mil.us)  
OR  
Submit this form via USPS to: David Stapchuk, Civ, DAF Chief, Air Force MARS 203 W. Losey Street Rm 1200 SCOTT AFB, IL 62225