UNITED STATES AIR FORCE

MILITARY AFFILIATE RADIO SYSTEM

AIR FORCE MARS ACTION FORM

ACTION: NEW ☐ RENEWAL ☐ MODIFY ☐ TRANSFER ☐

NAME:_____
LAST FIRST MIDDLE

ADDRESS:_____
STREET APT#

_____
CITY COUNTY STATE ZIP PLUS 4

_____ **PRIOR MARS MEMBERSHIP** _____
DATE OF BIRTH CALLSIGN SERVICE

HOME TELEPHONE_____ **BUSINESS TELEPHONE**_____

FAX_____ **DSN**_____ **CELL**_____

EMAIL ADDRESS_____

AMATEUR CLASS_____ **CALLSIGN**_____ **EXPIRATION**_____

COPY OF AMATEUR LICENSE MUST BE ATTACHED

STATION CAPABILITY: HF ☐ VHF ☐ UHF ☐ HF AMPLIFIER ☐ EMER. PWR. ☐

VOICE ☐ RTTY ☐ PACKET ☐ PACTOR ☐ AMTOR ☐ CLOVER ☐ REPEATER ☐

PHONE PATCH ☐ ALE ☐ BBS ☐ BBS ADDRESS_____

PRIMARY MODE _____ **MARS FREQUENCY CAPABILITY ? Y**_____**N**_____

PRIVACY ACT 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 anyone outside of the MARS system. Disclosure of the information is voluntary. Failure to provide the requested information may result in disapproval or inordinate delays resulting from additional research required to establish satisfactory eligibility.

I hereby certify that I will abide by all the governing rules and regulations prescribed by the Department of Defense for the Military Affiliate Radio System. I agree to the publication of my address and telephone number on official MARS rosters.

SIGNATURE_____ **DATE**_____

State MARS Director approval_____ **Date**_____

Region MARS Director approval_____ **Date**_____

MARS Callsign_____ **Date**_____

Official Region Two Application Form. DD Forms 630 Dated AUG 89 may be used until supplies are exhausted. No other Forms will be accepted.