



Application For Membership

Navy-Marine Corps Military Affiliate Radio System

Assigned MARS Call Sign: NNNO _____

Type of Application: New Renewal Modify Transfer Delete

Personal Information

Name:

Address:

City: State: Zip Code:

County: Date of birth: (Must be 18)

U.S. Citizen? Yes No If No, are you a Resident Alien? Yes No

Home Phone: Work Phone: FAX:

DSN: E-Mail Address:

Amateur Radio License Information

(Attach copy of your FCC Amateur License):

Amateur Call Sign: Class: Expiration Date:

Type of Station: Personal Military Club

If Club Station enter Trustees Call Sign:

Internet and World-Wide Web Release

The only information that can be listed on a NAVMARCORMARS web page is your MARS call sign, first name and state. For any other Personal Information (as listed above) to be shown on a web site you must specifically authorize what information may be placed on the web page. Please list the additional Personal Information you authorize to be listed and then sign and date beneath it.

Name Address City State Zip Code Home Phone Work Phone

Amateur Call License Class E-Mail Address

Signature: _____

Date: _____

Privacy Act Release

Privacy Act Statement: Under the authority of 5 U.S.C. 301 AND 10 U.S.C. 133, the information requested on the Navy-Marine Corps MARS Application for Membership is for the purpose of establishing, renewal or modification of MARS membership. The form will be maintained as official Navy-Marine Corps MARS records. The information on this form will not be divulged to non-MARS members without your written consent Disclosure of the information requested on this form is voluntary. Failure to provide this requested information may result in disapproval of the application or inordinate delays resulting from additional research required to establish satisfactory eligibility.

Signature _____

Date: _____

General

In consideration of the permission extended to me by the United States through its officers and agents to engage in activities of the Military Affiliate 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 Affiliate Radio System. I certify that I will abide by all the governing rules and regulations now and herein after prescribed by the Department of Defense for the Military Affiliate 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 other rights of individuals under policies of life insurance (E.G., NSLI or other forms of contracts with the United States.)

Release

Clause

Signature: _____

Date: _____

Station

High Frequency, HF (2-30 MHz): Required for participation in Navy-Marine Corps MARS.

Capabilities

Frequencies: _____

Very High Frequency, VHF (30-300 MHz):

Frequencies: _____

Ultra High Frequency, UHF (300-3000 MHz):

Frequencies: _____

RF Amplifier Phone Patch Repeater

Emergency Power Deployable Slow Scan TV

Digital

Type of Computer: (IBM Compatible) (Apple) (No Computer)

Capabilities

RTTY AMTOR Pactor G-TOR Clover Packet PSK31 MT63 MFSK16

Other: _____

MARS Participation

Are you currently a member of Army or Air Force MARS?

Yes No

Have you ever been a member of Army, Air Force or Navy-Marine Corps MARS?

If yes, state when and where:

Service: _____ Call Sign: _____ Dates: _____

Signature: _____

Date: _____

OFFICIAL USE ONLY

State Director: Approve Disapprove (see attached letter) State Director Call: NNNOG _____

Signature: _____

Date: _____

Region Director: Approve Disapprove (see attached letter) Region Director Call: NNNOAS _____

Signature: _____

Date: _____

Assigned MARS Call: NNNO _____

Date of Entry In NAVY-Marine Corps MARS: _____