

REGISTRATION FORM

1. STUDENTS NAME: _____
(LAST) (FIRST) (MI)

2. ADDRESS: _____

3. SSN: _____ 4. RANK/GRADE: _____ 5. CLASS NO: _____

6. ASSIGNMENT: _____

7. HOME TELEPHONE: (____) _____ WORK (COMM) (____) _____
FAX NUMBER: _____ WORK (DSN) _____

8. E-MAIL ADDRESS _____

9. EDUCATION DEGREE AND MAJOR: _____

10. ARE YOU EMPLOYED AT A MAJOR COMMAND HEADQUARTERS? YES ___ NO ___

11. ARE YOU A MEMBER OF THE ACQUISITION CORPS? YES ___ NO ___

12. HOW MANY YEARS OF MILITARY SERVICE? _____ WHAT WAS YOUR HIGHEST
MILITARY GRADE ATTAINED? _____ BRANCH _____

13. HOW MANY YEARS OF CIVILIAN SERVICE DO YOU HAVE? DO NOT INCLUDE
MILITARY) _____

14. ARE YOU A MEMBER OF THE ARMY NATIONAL GUARD OR THE US ARMY RESERVE?
YES ___ NO ___ IF YES, WHICH COMPONENT? _____

15. CAREER PROGRAM? _____

16. ARE YOU A MEMBER OF A PROFESSIONAL MILITARY SOCIETY? YES ___ NO ___
IF YES, WHICH ONE? _____

17. EMERGENCY NOTIFICATION DATA:
IN THE EVENT OF AN EMERGENCY WHILE ATTENDING THE AFMS COURSE, PLEASE
CONTACT:
 - A. PERSON TO BE NOTIFIED: _____
 - B. RELATIONSHIP: _____
 - C. ADDRESS: _____
 - D. TELEPHONE NUMBER: _____