

CFAS Mass Notification System (MNS)

Registration Form (MNS 登録用紙)

**CFAS N37 Emergency Management Department,
Bldg. 100, Office 301, DSN (315) 252-2300/2309/2321**

Service Member's Information:

First Name (**REQUIRED**):

Last Name (**REQUIRED**):

Command and UIC (**REQUIRED**):

PRD (Rotation Date) (**REQUIRED**):

Work Email Address (**REQUIRED**):

Work Cell Phone (**REQUIRED**):

Service Member Home Email Address (Optional):

Service Member Personal Cell Phone (Optional):

Dependent Registration Information:

Family Member's Email Address (職場 Eメール) (Optional):

Family Member's Email Address (職場 Eメール) (Optional):

Family Member's Mobile Phone Number(s) (携帯電話番号) (Optional):

Family Member's Mobile Phone Number(s) (携帯電話番号) (Optional):

Email forms to CFAS N37 Emergency Management at: CFAS-EM@us.navy.mil

August 2023

This form will be destroyed after successful registration in the CFAS AtHoc System.