



Amateur Radio Emergency Service

MEMBERSHIP APPLICATION

Township_____

Last Name_____ First Name_____

Call Sign_____ Year First Licensed_____ License Class_____

Street Address_____

City, _____ State_____, Zip_____

ARES/RACES Township_____ County_____

Work Phone ()_____ Home Phone ()_____

Cell Phone ()_____ Pager ()_____

Fax ()_____ E-Mail Address_____

Primary Radio Interest_____

Operate without commercial power?_____

Without commercial power – bands_____

Height_____ Weight_____ Eye Color_____ Hair _____ Blood Type_____ DOB_____

Place an "x" in the appropriate box to indicate your equipment capabilities within your license class.

	160m	80m	40m	20m	15m	10m	6m	2m	220MHz	440MHz
CW										
FM										
RTTY										
SSB										
Mobile										
Port/HT										
Packet										

Packet PBBS_____

Person to notify in case of emergency (Name/Phone)_____

I agree that the information above is correct to the best of my knowledge

Signature: _____ Date:_____

(Return this Application to your local ARES Emergency Coordinator)