

# AMATEUR RADIO EMERGENCY SERVICE®

## APPLICATION FOR ARES® MEMBERSHIP

Name: \_\_\_\_\_ Call sign: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip \_\_\_\_\_ License Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ ARRL Member: \_\_\_\_\_

Primary Radio Interest: \_\_\_\_\_

List names of Amateur Radio clubs of which you are a member:

Emergency Availability:      Days      Evening      Night      Weekends

Vehicle Availability:      Car      Truck      4WD

Please show the maximum power level your equipment can operate in each band:

	160	80	40	20	15	10	6	2	440	Other
SSB / FM										
Mobile										
H-T										

Can your home station operate without commercial power?

If yes what bands? 

160	80	40	20	15	10	6	2	440	Other
-----	----	----	----	----	----	---	---	-----	-------

Are you willing to sign up for a background (not credit) check that would be done by Emergency Management and/or Red Cross?

**OPTIONAL QUESTIONS:**

Birthf c{ .....Upouse Name/Callsign

Signed: \_\_\_\_\_ Date: \_\_\_\_\_