Oregon ARES/RACES Registration Form

Please print (**in ink**)

Name: _____
FIRST NAME MIDDLE NAME LAST NAME

Nickname: _____ Race: _____ Sex: M / F

Call Sign: _____ License Class: _____ Expiration Date: _____

Address: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip: _____--_____

Bus Phone: (_____)_____ Home Phone: (_____)_____ Pager: (_____)_____

E-mail: _____ Pager Type: ☐Tone ☐Digital ☐Alpha

Date of Birth: _____/_____/_____ SSN: _____/_____/_____ Cell Phone: (_____)_____

Height: _____ft _____in Weight: _____Lbs Eye Color: _____ Hair Color: _____

Driver's License #: _____ State: _____

Other states where you have held a Driver's License: _____

The Above Information May Be Used To Conduct A Background Criminal Investigation. I Certify That The Information Set Forth In This Application Is Complete To The Best Of My Knowledge.

SIGNATURE OF APPLICANT: _____ DATE: _____

Indicate the bands and modes that you can operate: **F** - Fixed, **M** - Mobile, **H** - Handheld (list all that apply)

MODE	160M	80M	40M	20M	15M	10M	6M	2M	1.4M	70CM	23CM	OTHER
Voice												
CW												
SSB												
RTTY												
AMTOR												
*Packet												

* Computer: ☐Desktop ☐Laptop Packet BBS for Messages: _____

* TNC Model: _____ Packet/Terminal Software:_____

☐ ARES Special Interest Group: _____

☐ Emergency Generator: kW: _____

Total hours of fuel available: _____

☐ Four Wheel Vehicle & Driver:

Make and Model: _____

☐ Gas Chain Saw: Bar length: _____

☐ Search And Rescue Certified

☐ First Aid Card: Level: _____

☐ CPR Card

☐ CERT Member: Team: _____