

Amateur Radio Emergency Service District or Local Emergency Coordinator Application

| Name: | | Call: | | |
|---------------|--------------------------|--------------|---------|--|
| Street: | City | : | State: | |
| County: | ZIP: | | E-mail: | |
| Home phone: | | Work phone: | | |
| License class | : | ARRL Member? | | |
| | Amateur Radio clubs | | | |
| | Capabilities: (specify f | | | |
| Mode | HF | VHF/UHF | 1.2 GHz | |
| Data | | | | |
| Packet | | | | |
| CW | | | | |
| SSB | | | | |
| FM | | | | |
| Other | | | | |
| Present ARRL | _ appointments: | | | |
| Former ARRL | appointments: | | | |
| Describe rela | ted experience: | | | |
| | | | | |
| | | | | |
| | | | | |
| Signature: | | Date: | | |