



Amateur Radio Emergency Service Radio Amateur Civil Emergency Service



ARES/RACES MEMBERSHIP RENEWAL

ARES Member RACES Member, ID # _____

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 _____ Birth Date _____ Blood Type _____

Place an "x" in the appropriate box to indicate your technical capabilities.

	160m	80m	40m	20m	15m	10m	6m	2m	220mz	440mz
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 _____

**Office of Emergency Management
Suffolk County, New York**

RACES Renewal Application

RACES I.D. No. _____

APPLICATION FOR SUFFOLK COUNTY CIVIL DEFENSE FORCE (All questions must be answered)

Full Name (please print) _____ Citizen of U.S.A. _____

Address: _____
(STREET) (POST OFFICE) (TOWNSHIP) (ZIP CODE) (TELEPHONE NO.)

Presently Employed By _____

Occupation _____ Business Telephone No. _____

For Enrollment in the Civil Defense – Radio Amateur Civil Emergency Service (RACES)

The Township of _____ Unit. _____

Identification: Height _____ Weight _____ Date of Birth _____ Eyes _____ Hair _____

Loyalty Oath

“I _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.”

“And I do further swear (or affirm) that I do not advocate, nor am I a member or affiliate of any organization, group, or combination of persons that advocate the overthrow of the Government of the United States by force or violence; and that during such time as I am a member of the Civil Defense forces of the County of Suffolk, I will not advocate nor become a member or an affiliate of any organization, group, or combination of persons that advocate the overthrow of the Government of the United States by force or violence.”

SWORN TO BEFORE ME, THIS _____ DAY OF _____

EMERGENCY PREPAREDNESS OFFICIAL
Authorized to administer the written oath pursuant
To Section 33, Article 3, N.Y. State Defense
Emergency Act. Designation filed with Suffolk
County Clerk is still in force.

Signature of Applicant

Approved By