

Little Company of Mary Radio Amateurs

APPLICATION FOR MEMBERSHIP

New ☐Update Info ☐Re-Instate ☐

NAME

*Last**First**Middle**Nickname*

ADDRESS

*Street Address**City**State**Zip + 4**County*

HOME PHONE

BUSINESS PHONE

CELL PHONE

PAGER

E-MAIL ADDRESS

MEMBERSHIP CLASS

Full ☐Associate ☐Affiliate ☐

- Full member is a licensed employee or registered volunteer
- Associate member is a non-licensed employee or registered volunteer
- Affiliate member is a licensed member of another amateur radio organization who operates in conjunction with the Club members during exercises and drills.

PREFERRED SUPPORT FACILITY

Torrance ☐San Pedro ☐Either ☐

OTHER AFFILIATIONS

TARA ☐DCS ☐ARES ☐MARS ☐OTHER ☐ _____

AMATEUR CALL SIGN

CLASS

EXPIRATION

*Tech/General/Extra**mm/dd/yyyy*

EMERGENCY COMMUNICATIONS TRAINING

FEMA:

☐ ICS 100☐ ICS 100.HC☐ ICS 200☐ ICS 520☐ ICS 700☐ ICS 800☐ ICS 808☐ Other _____

ARRL:

☐ ECOMM1☐ ECOMM2☐ ECOMM3☐ Other _____

HOME STATION CAPABILITIES (for reference)

2 meters

☐ Voice☐ Digital☐ Mobile☐ Handheld

220 MHz

☐ Voice☐ Digital☐ Mobile☐ Handheld

440 MHz

☐ Voice☐ Digital☐ Mobile☐ Handheld

HF

☐ Voice☐ Digital☐ Beam☐ Amp☐ MobileOTHER ☐ Emergency Power ☐ Cross-band Repeat

Signature of Applicant

Date

My signature indicates my willingness to support the emergency communications mission of the Providence Little Company of Mary Medical Centers in accordance with the hospital rules under the direction of the Disaster Preparedness Coordinator.