

**AMATEUR RADIO EMERGENCY SERVICE  
REGISTRATION FORM**

Name \_\_\_\_\_ Call \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

License Class \_\_\_\_\_ Primary radio interest \_\_\_\_\_

Briefly describe your station capabilities (i.e., bands and modes available) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can your home station operate without commercial power? ( ) Yes ( ) No

Do you have a mobile station? ( ) Yes ( ) No If yes, what bands/modes? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What ARES related training have you completed (e.g., EmComm, FEMA, Red Cross)?

\_\_\_\_\_  
\_\_\_\_\_

Do you have specific knowledge or skills that could be applied to helping ARES (e.g., technical/repeater repair, training, traffic handling experience, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

By applying for membership in Loudon County ARES, I agree to make a good faith effort to:

1. Attend training sessions/meetings
2. Complete recommended self study courses
3. Participate in weekly nets
4. Take a periodic assignment as net control
5. Become responsible for managing some element of the program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_