



Amateur Radio Emergency Service

MEMBERSHIP APPLICATION

ARES Township _____

Last Name _____ First Name _____

Call Sign _____ Year First Licensed _____ License Class _____

Street Address _____ Cross Street _____

City, State, Zip _____

Township _____ County _____

Work Phone () _____ Home Phone () _____

Cell Phone () _____ Pager () _____ Pin _____

Fax () _____ E-Mail Address _____

Primary Radio Interest _____

Operate without commercial power? _____

Without commercial power – bands _____

Place an "x" in the appropriate box to indicate your equipment capabilities within your license class.

	160m	80m	40m	20m	15m	10m	6m	2m	1.25m	.70M	.33M	.23M
CW												
FM												
RTTY												
SSB												
MOBILE												
PORT/HT												
PACKET												
APRS												
PSK31												
WINLINK												

Packet PBBS _____

Member of Skywarn? Y N Skywarn # _____

Last Training Date _____ Location _____

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 _____

(Return this Application to your local ARES Emergency Coordinator)