



**East Kern County  
Amateur Radio Emergency Service  
Radio Amateur Civil Emergency Service**



**East Kern County Amateur Radio Emergency Service (ARES)  
Membership Application**

☐ New Application

☐ Renewal/Change of Information

Name: \_\_\_\_\_  
Last First MI (Preferred/Nickname)

Address: \_\_\_\_\_  
Street City

Callsign: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Contact Information: (Check Primary contact method)

Home Phone: ☐ \_\_\_\_\_ Work Phone: ☐ \_\_\_\_\_

Cell Phone: ☐ \_\_\_\_\_ Email: ☐ \_\_\_\_\_

In case of emergency, contact: (Name) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

In order for us to make the best use of your talents and desires, please answer the following questions on your preferences and availability:

What hours would you be available in case of an emergency? \_\_\_\_\_

Can you get off work for a true emergency? \_\_\_\_\_ Exercise? \_\_\_\_\_

How soon could you respond? \_\_\_\_\_

Are you in any other Emergency Organization that would affect your participation, such as CERT, PACT, etc.? (list) \_\_\_\_\_

Are there any other factors that would affect/limit your participation? \_\_\_\_\_

List any particular skills or capabilities you have that may enhance our organization:

Can we include you on the calling tree? \_\_\_\_\_ As a caller? \_\_\_\_\_

Are there any particular agencies, cities or hospitals for which you would like to be a team member? (Please list)

**Capabilities: Check (✓) bands/modes you can operate.**

	160	80	60	40	30	20	17	15	12	10	6	2	70cm	33cm	
APRS															
ATV															
CW *															
D-STAR															
Echolink															
FM															
HT															
Mobile															
Packet															
Pactor															
PSK31															
RTTY															
SSB															
SSTV															
WINMOR															

\* CW WPM: \_\_\_\_\_ Portable Antenna (list bands) \_\_\_\_\_

Emergency power? VHF/UHF ☐ HF ☐ Type: \_\_\_\_\_

First Aid certified: ☐ CPR Certified: ☐

Please attach a copy of your FCC Amateur Radio license