



AMATEUR RADIO EMERGENCY SERVICE MEMBERSHIP REGISTRATION (Northern Florida Section ARRL)

Please complete this form and return it to the ARES official who provided it, or email it to the address that appears at the end of the form. This information will NOT be provided to any other organization for recruiting or to anyone for commercial purposes.

Please Print.

Your call _____

Name, as on your Amateur Radio License: _____

Friends call you: _____

Postal Address: _____

City/State/Zip: _____

E-mail address (es): _____

Phone (H): _____

Phone (W) _____

Cell: _____

Data/Fax _____

Pager: _____

Other: _____

ARRL Member: Yes No ARRL Appointments: _____

Attach photocopy of your current Amateur License (for new members only).

Class: _____ First Year Licensed: _____

Spouse Licensed? Name: _____ Call: _____

Other Family? Name: _____ Call: _____

Special Interests: Radio: _____

Occupation: _____ Employer: _____

Can you get away from work for ARES duties without penalty? Yes No

Do you need a letter from EC/DEC to be allowed time off work? Yes No

Are you employed by an emergency-response organization, such as Red Cross,

Emergency Management or a police department? Yes No

Explain: _____

Equipment

	HF	VHF	UHF	CROSSBAND REPEATER	PACKET or APRS
Base					
Mobile					
Portable					
Type of power backup					
Emergency power for how long?					

Special Equipment: _____

- Can you set up portable VHF/UHF station with antenna and emergency power at a temporary site?
- Computer?: Describe _____
- Portable computer?: Describe _____

Training

CW Speed		MARS		CPR	
VHF Net Control		First Aid		Red Cross	
HF Net Control		Hazmat		CERT	
Electronics		Pilot		FEMA	
First Responder		Paramedic			
SkyWarn (spotter ID)		EMT			Use separate page if necessary. Dates are appreciated

Fluent in what languages? _____

Personal Transportation available: Pickup truck or bigger? Van 4WD
 Motor Home Power Boat

(Describe): _____

Limitations on ability to serve:

Job Transportation? Physical/medical limitations
 (Write details on separate sheet if desired)

For RACES Only: Have you ever been convicted of a felony or first-degree misdemeanor?

Yes No

If yes, what charges? _____

Where?: _____ What Date?: _____

I understand that I must hold a valid Amateur Radio License, and that giving false information on this registration form could result in my immediate disqualification from ARES/RACES service.

Signed: _____ Date: _____
 (FOR ELECTRONIC SIGNATURE TYPE CALL SIGN)

Send application to: Joshua Saunders, K1KWG
 382 N. Grant St.
 Longwood, FL 32750

Forwarded to: _____ Date: _____

Accepted by (signed) _____ Date: _____