



Amateur Radio Emergency Service Radio Amateur Civil Emergency Service



ARES/RACES MEMBERSHIP RENEWAL

ARES Member RACES Member, ID # _____

Last Name _____ First Name _____

Call Sign _____ Year First Licensed _____ License Class _____

Street Address _____

City, State, Zip _____

ARES/RACES Township _____ County _____

Work Phone () _____ Home Phone () _____

Cell Phone () _____ Pager () _____

Fax () _____ E-Mail Address _____

Primary Radio Interest _____

Operate without commercial power? _____

Without commercial power – bands _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Birth Date _____

Blood Type _____

Place an "x" in the appropriate box to indicate your technical capabilities.

	160m	80m	40m	20m	15m	10m	6m	2m	220mz	440mz
CW										
FM										
RTTY										
SSB										
Mobile										
Port/HT										
Packet										

Packet PBBS _____

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 _____