

ARES / RACES Database Information Form

Last Name _____ First Name _____

Call Sign _____ ARES Member? _____ RACES Member? _____

ARES Officer _____ RACES Officer _____

Street Address _____

City, State, Zip _____

Work Phone () _____ Home Phone () _____

Cell Phone () _____ Pager () _____

E-Mail Address _____ License Class _____

Primary Radio Interest _____

Operate without commercial power? _____

Without commercial power – bands _____

ARES/RACE Township _____ County _____

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										
Portable /HT										
Packet										

Packet PBBS _____

I agree that the information above is correct to the best of my knowledge

Signature _____ Date _____