



SPOKANE COUNTY ARES RACES

MEMBERSHIP APPLICATION



Call: _____

Last: _____

First: _____

MI: _____

Date of first licensed: _____

License class: _____

ARRL Member: Yes: _____ No: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Cell: _____

Cell Carrier: _____

Work: _____

Email: _____

Emergency Contact: _____

EMC Phone: _____

Day time availability: _____

Night time availability: _____

Weekends: Yes _____ No: _____

Station Capabilities: HF: _____ VHF: _____

UHF: _____

Emergency Power at home: _____

Portable Power: _____

Proficient with CW: Yes: _____ No: _____

Digital Modes: Packet: _____ WL2K: _____

Winmor: _____ Other: _____

HF Mobile: _____ VHF Mobile: _____ UHF Mobile: _____

APRS: Yes: _____ No: _____

4W/D: Yes: _____ No: _____

PU/SUV: Yes: _____ No: _____

Self contained RV: Yes: _____ No: _____

Other special talents or training ?

For Official Use Only

EM ID#: _____
IS-100: _____ IS-700: _____
IC-200: _____ IS-800: _____
Defensive Driving Course: _____
First Aid: _____ CPR/AED: _____
Helo: _____