



Membership Application
Jackson County ARES®

DATE: _____

Name: _____
(Last, First, MI)

Call: _____

Address: _____

City: _____ State: _____ ZIP _____

Home #: _____

Mobile#: _____

Work#: _____

Pager#: _____

Alt. #: _____

E-Mail: _____ Winlink: _____

License Class: _____ Year First Licensed: _____

Medical Restrictions: _____

Date of birth: ____ / ____ / ____

OPTIONAL

TRAINING

ARRL EMCOMM: I II III Year of last WX Spotter Training: _____

FEMA IS: _____

Other Training: _____

Affiliation Interests: Weather Disaster RACES

Times Available: Days Nights Weekends

Net Control Experience? Yes No

CW Experience > 5WPM? Yes No



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DATE: _____

CALL: _____

	Home	Mobile	Go-Kit*
HF CW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HF SSB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HF Packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HF SSTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HF PSK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HF Winlink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF FM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF SSB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF Packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF Winlink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF SSTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF APRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF HT			<input type="checkbox"/>
VHF D-STAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UHF FM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UHF SSB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UHF Packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UHF SSTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UHF APRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UHF HT			<input type="checkbox"/>
UHF D-STAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Power Capability? HF

(Emergency power sources would be battery, generator, solar, etc.) V/UHF

Approximate Emergency Power operating hours? _____

FRS/GMRS?

GPS receiver?

CB equipment?

**Go-kit: a portable amateur radio station which the radio amateur can take when asked to go to an event which needs support with radio communication.*

Signature: _____

Date: _____