

# R.A.C.E.S Membership Application

Date \_\_\_\_\_ Amateur Call Sign: \_\_\_\_\_ Amateur License Class: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Initial)

Home Street Address: \_\_\_\_\_

Home City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Married: Y N Sex: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Pager Number: (\_\_\_\_) \_\_\_\_\_

Work Hours: \_\_\_\_\_

## Emergency Notification/Information

Whom to call: \_\_\_\_\_

Emergency Phone No.1: (\_\_\_\_) \_\_\_\_\_ Emergency Phone No.2: (\_\_\_\_) \_\_\_\_\_

Family Doctors Name: \_\_\_\_\_

Medication On: \_\_\_\_\_

Allergies: \_\_\_\_\_

Anything else that may help: \_\_\_\_\_

## Training & Capabilities

Training Courses Completed: \_\_\_\_\_

Remarks: \_\_\_\_\_

Mobile: 160M 80M 40M 20M 15M 10M 6M 2M 70cm

Portable: 160M 80M 40M 20M 15M 10M 6M 2M 70cm

Base: 160M 80M 40M 20M 15M 10M 6M 2M 70cm

Packet: HF VHF Base Portable

Other Memberships in: ARES CAPS Call: \_\_\_\_\_ MARS Call: \_\_\_\_\_