

Marion County Amateur Radio Emergency Services

Registration Form

NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

CALL SIGN: _____ LICENSE CLASS: _____ EXPIRATION DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ HOME PHONE: _____ COUNTY: _____

PAGER: NO YES PAGER NUMBER: _____

PAGER TYPE: VOICE DIGITAL ALPHA/NUMERIC

DATE OF BIRTH: _____ EYE COLOR: _____ HAIR COLOR: _____

HEIGHT: _____ FT _____ IN WEIGHT: _____ LBS DPSST#: _____

OREGON DRIVERS LICENSE #: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE HELD IN OTHER STATES: _____

ARES FUNCTION: OPERATOR AEC EC DEC

Please mark the bands you can operate (H=Home, M=Mobile, B=both)

MODE	160M	80M	20M	40M	15M	10M	6M	2M	220Mhz	440Mhz	Other
CW											
SSB											
RTTY											
AMTOR											
HAND-HELD											
PACKET											

PACKET BBS FOR MESSAGES: _____

COMPUTER TYPE: _____ TNC TYPE: _____ PACKET/TERMINAL SOFTWARE: _____

BATTERY POWER: NO YES WHICH BANDS? _____

EMERGENCY GENERATOR: NO YES SAR CERTIFIED: NO YES

CHAIN SAW: NO YES 1ST AID CARD: NO YES

LEVEL: _____

FOUR WHEEL DRIVE: NO YES CPR CARD: NO YES