



Amateur Radio Emergency Service®

ARES® Registration Form

Name:			
Call Sign:		License Class	
Mailing Address:			
City, State, ZIP code:			
e-mail address(es):			
Home phone number:		Work phone number:	
Cell phone number:			
Affiliations:	ARRL _____	MARS _____	Clubs _____ Other _____
Area of interest: SKYWARN, etc.			

Place a Y (yes) in block you operate—Place an N (no) in others on the same line, (if e-mail)

MODE	HF	6 meters	2 meters	222 MHz	440 MHz	Others	
SSB							
CW							
FM							
DATA							
PACKET							
Other modes (specify below)							
APRS							
Mobile Operation							

Can your home station be operated without commercial power? Yes [] No []

Which of the following courses have you completed?

ARRL ECC Level I _____ Level II _____ Level III _____

FEMA ICS – 100 _____ 200 _____ 700 _____ 800 _____

Other Courses or certifications _____