



Clackamas County ARES/RACES Membership Form



CARES Emergency Communication Services

Date _____

1. Personal Contact Information

Name: _____

Call _____, Class Technician ____, General ____, Extra ____

Phone: home _____, Cell _____

Work _____

Email _____ ARRL member _____

Address:

City, State, Zip:

Mailing address (if different):

City, State, Zip:

2. Equipment Capability

2-Meter: Fixed ____, Mobile ____, Go-Kit ____, Hand-Held ____

440 MHz: Fixed ____, Mobile ____, Go-Kit ____, Hand-Held ____

HF: Fixed ____, Mobile ____, Go-Kit ____, Hand-Held ____

Bands:

Digital Modes:

Packet ____, D-Star ____, WinLink ____, Pactor ____, SSTV ____, FLDigi _____

Other: _____

4-WD? Yes ____, No ____

Emergency power: Generator ____, Solar, _____ Batteries (Not HT) + ____

Other _____

3. Training (Please supply copy of certificate):

ICS 100 ____, 200 ____, 700 ____, 300 ____, 400 ____, 800 ____, PIO ____

ARRL: old EC-01 ____, old EC-02 ____, EC-03 ____, new EC 1 ____, new EC 2 ____

First Aid (Exp. Date) _____. CPR (Exp. Date) _____

AED (Exp. Date) _____

Additional Information or Notes