



**Amateur Radio Emergency Service
Stark County, Ohio
Registration form**

Name: _____ Call: _____

Address: _____

City: _____ State: _____

Zipcode: _____

Home Phone: _____ Cellphone: _____ Pager: _____

Email Address: _____ License Class: _____

Please Check Bands/Modes You Can Operate:

	160	80	40	30	20	17	15	12	10	6	2	220	440	1296
CW														
SSB														
RTTY														
FM														
Packet														
Mobile														

If on Packet, the callsign of your PBBS is: _____

What is your primary interest in Amateur Radio: _____

Can your home station operate without commercial power ? Yes No

If yes, What bands: _____

Are you available for ARES during the day time ? Yes No

Can we contact you at work ? Yes No Phone No. _____

What extra training do you currently have ? (example Red Cross, FEMA, ARRL)

If offered, would you take part in additional training: Yes No

Any special equipment available for ARES use or any additional comments: _____

Thank You For Volunteering Your Time To The ARES. Visit WWW.WD8AYE.ORG for additional information.

Signed: _____ Date: _____