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:

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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: ___________________________