

AMATEUR RADIO EMERGENCY SERVICE REGISTRATION FORM

Name: _____ Call: _____ Date: _____

Street Address: _____ City: _____ State/Prov.: _____

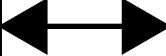
Zip/PC: _____ County: _____

Bus. phone: _____ Home phone: _____ Cell Phone: _____

Pager: _____ E-mail address: _____

License Class: _____

Primary radio interest: _____

	80 METER	40 METER	20 METER	15 METER	10 METER	6 METER	2 METER	222 MHz	440 MHz	1.2 GHz
CW										
FM										
DATA										
SSB										
MOBILE										
PACKET										

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

If yes, what bands? _____

Signature: _____ Date: _____