



# ALLEGANY COUNTY, MARYLAND

## A.C.A.R.T.S. / R.A.C.E.S. Database Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I.: \_\_\_\_\_

Call Sign \_\_\_\_\_ ARES Member? \_\_\_\_\_ RACES Member? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Physical Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

eMail Address- Home: \_\_\_\_\_ Work: \_\_\_\_\_

License Class: \_\_\_\_\_ FRN#: \_\_\_\_\_

Primary Radio Interest: \_\_\_\_\_

ARES/RACES City/Town: \_\_\_\_\_ County: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_ Class of License: \_\_\_\_\_

Place an "X" in the following appropriate boxes to indicate your equipment capabilities:

	160m	80m	40m	30m	20m	17m	15m	12m	10m	6m	2m	1.25m 220mz	70cm 440mz	33cm 902mz	23cm 1240mz	Other
CW																
FM																
RTTY																
SSB																
Mobile																
<b>Portable/HT</b>																
Packet																
EchoLink																
WinLink																
<b>Operate w/o Com'l Power</b>																

Packet PBBS \_\_\_\_\_

I affirm that the information above is correct to the best of my knowledge, will abide by ACARTS/ARES/RACES policies, rules & regulations, and agree to any required background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_