



ALLEGANY COUNTY, MARYLAND



A.R.E.S. / R.A.C.E.S. Database Information Form

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																
Portable/HT																
Packet																
EchoLink																
WinLink																
Operate w/o Com'l Power																

Packet PBBS _____

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

Signature _____ Date _____