

## Pulaski County ARES / RACES



## Member Information Form

Please Print

Last Name, First Name					
Callsign		Class N T G	ARRL M	Member? Yes No	DOB MM/DD / YYYY
Home:	Street Address				
	City		County	ZIP	
	City		County		
	Email			Phone ( )	
Work:	Street Address				
	City		County	ZIP	
	Email			Phone ( )	
	Work Days / Hours				
Best Reach	Email			Phone ( )	
NIMS/ICS Courses Completed 100 200 700 800 NWS Spotter Course Yes No				Yes No	
Mobile	VHF UHF Crossband HF Digital: V/U / HF  Portable / HT  VHF UHF HF with Ant. / VHF Digital: V/U / HF				
Base	VHF UHF Crossband HF Digital: V/U / HF B			Generator: Base / Portable Battery: Base / Mobile / Portable	
Approx # of Public Service Events Worked Annually / # Yrs / Public Service Events - Past Year					
List Exercises – Past 5 Years					
Signatu	ure			Date	

This form can be printed and mailed to:

ARES/RACES PO Box 2893 Little Rock AR 72203-2893