



Amateur Radio Emergency Service®



ARES® Registration Form

Full Name:	
Call Sign:	
Mailing Address:	
City, State, ZIP code:	
e-mail address(es):	
Home phone number:	
Work phone number:	
Cell phone number:	
In the event of an activation, which number is your primary means of contact?	Home [<input type="checkbox"/>] Work [<input type="checkbox"/>] Cell [<input type="checkbox"/>]
License Class:	

Check bands and modes that you can operate

MODE	HF	6 meters	2 meters	222 MHz	440 MHz	Others
SSB						
CW						
FM						
DATA						
PACKET						
Winlink 2000						
Other:						
Mobile Operation						
Portable Operation						

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

For how many hours: _____

Which of the following training classes have you taken?

EC 001	IS 100	IS 200	IS 700	IS 800	EC 016	Skywarn

Signature _____ Date _____

Contact ARES® and ARRL Section Leaders in your area: www.arrl.org/sections/.
Learn about ARRL-sponsored Amateur Radio Emergency Communications Courses:
www.arrl.org/online-course-catalog