



Saline County ARES®/RACES® Registration Form



Last Name, First Name:						DOB:		
Callsign:			Class:	N T G A E		ARRL Member:	Y N	
HOME:	Street Address:							
	City:	County:		State:	Zip:			
	Email:				Phone:			
WORK:	Street Address:							
	City:	County:		State:	Zip:			
	Email:				Phone:			
	Work Days/Hours							
BEST Reach:		Email:				Phone:		
NIMS/ICS Courses Completed:		100	200	700	800	NWS Spotter Course:		Yes No
RADIO EQUIPMENT:	Mobile:	VHF	UHF	Crossband	HF	POWER:	Aux. Battery	
	Portable:	VHF	UHF	Crossband	HF	POWER:	Generator	Battery
	HT:	VHF	UHF	Crossband	HF	OTHER:		
	Base:	VHF	UHF	Crossband	HF	POWER:	Generator	Battery
APRS Capability	APRS Droid/Ios		VHF	HF				
Approx. # pf Public Service Events Worked Annually/ # Years:					/	Public Service Events Past Year:		
Signature: _____		Date: _____						
Note: By typing your name in this field, you are validating that all information is correct.								
This form can be Printed and mailed to:		Saline County ARES/RACES 202 Pope Dr Benton, AR 72015		Contacts:		John Schouten kg5dnf@att.net Alan Cate net1033@att.net David Wilmot kf5toc@arrl.net		

This form may also be filled out, printed, signed, rescanned and emailed to salcoares@gmail.com