

## Pend Oreille County Radio Group Membership Application

				Date	
Name		HAM Callsign  Amateur License Class		Date of Birth (M/D/YYYY)  GMRS Callsign	
					Address
 City					
Country			Other A	ffiliations (RACES/ARES, AmRRON, etc.	
County	State	Zip Code			
Home Phone Nu	mber Can call in E	mergency $\square$ Yes			
Work Phone Nu	mber Can call in Er	mergency □ Yes			
Cell Phone Number Can call in Emergency ☐ Yes			Mobile Text Messaging Number		
E-mail Address (Main)			 Do you want to receive group emails □ Yes □ N		
Emergency Contact Name			Emergency Contact Number		
Special Note					
□Repeater & An	tennas 🗖 Planni	•	erved Agenci	Check all that apply) es (LE/FD/etc.) □ Training & Safety something else:	

Membership form 05/23/2-2021

Signature