|  |  |
| --- | --- |
| **Name:**  |   |
| **Call Sign:**  |   |
| **Mailing Address:**  |   |
| **City, State, ZIP code:**  |   |
| **e-mail address(es):**  |  |
| **Home phone number:**  |  |
| **Work phone number:**  |   |
| **Cell phone number:**  |   |
| **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  |[ ] [ ] [ ] [ ] [ ] [ ]
| Other modes (specify below)  |[ ] [ ] [ ] [ ] [ ] [ ]
|   | [ ]  |[ ] [ ] [ ] [ ] [ ]
|   | [ ]  |[ ] [ ] [ ] [ ] [ ]
|   | [ ]  |[ ] [ ] [ ] [ ] [ ]
|   | [ ]  |[ ] [ ] [ ] [ ] [ ]
| Mobile Operation  |[ ] [ ] [ ] [ ] [ ] [ ]
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |

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

**Do you wish to join DCARES, INC (**Include $20.00 / Year Due **Yes** [ ]  **No** [ ]

Signature: Date: