



Special Operations Radio Team

Membership Application email to:
membership@sort-team.org

Membership:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Postal Code: _____

County: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____

Date of Birth: _____ Sex: _____

GMRS Call Sign: _____

Amateur Radio Call Sign: _____ Class _____

Certification: Click All That Apply (Use Control Key for Multiple Selections)

I hereby consent to a background check by law enforcement or outside vendors as needed to verify your status.

Signature: _____ Date: _____

Application Status: Approved Disapproved

Reason for Disapproval _____

Board Member _____ Date: _____

