



# Special Operations Radio Team

## Membership Application

Email to: [membershipinfo@sort-team.org](mailto:membershipinfo@sort-team.org)

### Membership:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Southern Linc #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License#: \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Amateur Radio Call Sign: \_\_\_\_\_ Tech \_\_\_\_\_ General \_\_\_\_\_ Extra \_\_\_\_\_

GMRS Call Sign: \_\_\_\_\_ FEMA SID: \_\_\_\_\_

Certification: Check All That Apply:

ICS100C

ICS 200

ICS300

ICS400

ICS700

ICS800

Any other Certification L.E. / EMT / Firefighter: \_\_\_\_\_

I hereby consent to a Background Check by Law enforcement or outside vendors as needed to verify Status. Yes or No

Upon submitting this application, a non-refundable \$30.00 fee for application processing is required. Cash-Check or PayPal is acceptable forms of payment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application Status: **Approved**      **Disapproved**

If disapproved, please give brief summary as to why:

\_\_\_\_\_  
\_\_\_\_\_

**Commander or Board Member Name:** \_\_\_\_\_

**Date Accepted:** \_\_\_\_\_

**Signature:** \_\_\_\_\_