



GRAND TRAVERSE COUNTY MICHIGAN ARPSC

Affiliated A.R.E.S.® / R.A.C.E.S. Affiliated

MEMBERSHIP APPLICATION

Please Print Legibly!



CALL:		Class:		Expires:	
Last Name:		First Name :		Middle Name:	
Address:			City:		Zip Code:
Phone Home:		e-mail:			
Phone Work:		Pager: N/A			
Phone Cell:		Pager e-mail:			
Height:	Weight:	Eyes:	Hair:		
Drivers License #:			Date of Birth:		
Occupation:					Shift:

Skills:

Are you FEMA IS-22 Certified?	Date:	(Need copy of certificate)			
Are you SKYWARN trained?	Date:	Card #:N/A	Location:		
Do you have any limitations to duty? ___ No ___ Yes (Explain on Back)					ARRL Member? Yes ___ No ___

Band / Mode Matrix

Check (v) the Band(s) / Mode(s) you can operate. Also... Insert an "H" in the FM Mode box if you have a Handie Talkie for a band(s)

	HF	10	6	2	220	440	1.2
CW							
SSB							
FM		/	/	/	/	/	/
MOBILE							
RTTY							
PACKET							
APRS							
ATV							
SSTV							
Emergency Power							

Please indicate If you wish to join _X_ARES® _X_RACES
Note: You must be a member of ARES® to belong to RACES

(OFFICIAL USE ONLY)
[Proper Official to initial in appropriate area(s)]

Terminal Oper. CCH_____

---Approved---

ARES® EC _____
RACES- RO _____
CNTY EMD _____

I understand that the duties performed for ARES® / RACES may be under the supervision of the COUNTY EMERGENCY MANAGEMENT DIRECTOR. By signing my signature below, I hereby authorize the County Emergency Management Department, and/or any such other person(s) of competent jurisdiction, to run a check on my name, date of birth and drivers license, for any criminal history / past record(s). The findings of this check shall determine the consideration given to my membership in ARES® / RACES. This determination is in no way based upon my sex, race, or national origin. I further represent that all information now or hereafter given by me, in support of this application, is true and complete. I hereby agree, to release and hold harmless, ALL person(s) whomsoever, involved in gathering and/or furnishing of such information to such competent jurisdiction.

Have you ever been convicted of a FELONY CRIME? YES[] NO[] (If Yes, please detail ALL convictions on separate piece of paper(s).)

Signature: _____ Date: _____
Of Applicant _____
Witness By: _____ Address _____ Date: _____

Please return to
EC / RO or DEC /
DRM if no
Administrative
Assistant is listed

Administrative Assistant

Please enclose a copy of your FCC License and any FEMA Home Study Course or other training certificates you may have.