



Multnomah County ARES/RACES Membership Form

Please fill out and sign in ink, or submit via email, to Deb Provo, Membership Manager KK7DEB@arrl.net. The information below, plus your digitized photograph, will be entered in our electronic data base. It will be used for ARES/RACES planning, training and response purposes, and to issue State and/or County ID cards. Questions may be directed to Leadership@MultnomahARES.org.

1. Personal Contact Information

Name: _____, Callsign: _____ Class: T G E
Phone #s: Home _____, Mobile _____, Work _____
Email: _____, Alt. Email _____, ...@arrl.net? yes no
Address: _____
City, State, Zip: _____
Mailing address if different: _____
Birth Date: _____, Occupation: _____
State ARES IS Card _____, Expiration Date: _____

2. Equipment and Capability

What Amateur Band Radios do you own?

Make _____; Model _____; Bands _____
Make _____; Model _____; Bands _____
Make _____; Model _____; Bands _____

What Digital Modes are you proficient in? Packet ____, Winlink ____, D-Star ____, HF Pactor ____, SSTV ____,
FLDigi ____, Other _____

Off-grid Radio Power Source: Generator __ home__ or portable__; Solar __ home__ or portable__;
Batteries ____, Other _____ Do you have a 4-Wheel Drive vehicle? _____

3. Training (Please submit copies of ICS class certificates)

FEMA ICS Classes: 100 ____, 200 ____, 300 ____, 400 ____, 700 ____, 800 ____, PIO _____
ARRL: EC-01 ____, EC-02 ____, VE ____, First Aid _____, CPR _____, AED ____, CERT/NET _____
Please list any other emergency response training or experience on back of form.

4. Commitment: In the event of an actual disaster, where would your primary commitment to serve lie?
Multnomah County ARES ____, NET/NERT/CERT team ____, Work place _____ First Response Agency _____
Other _____

My signature certifies that the information set forth above is true and complete to the best of my knowledge. Signature: _____, Date: _____