



City of Santa Clara

ARES / RACES

Application for Membership



Name: first name middle initial last name suffix	Call Sign: callsign
Nick Name / Handle: handle	License Class: operator class
Mobile Phone: (000) 000-0000	<input type="checkbox"/> Receive SMS (Text Msgs) : <input type="checkbox"/> <input type="checkbox"/> Yes, I am 18 years or older

Home

Address:		
City:	State: CA	Zip: ZIP code
Phone: (000) 000-0000	E-Mail: email address	

Work

Employer:		
Address:		
City:	State: CA	Zip: ZIP code
Phone: (000) 000-0000	E-Mail: email address	

Training: CERT: Search and Rescue: FEMA Self Preparedness: RedCross Disaster: Neighborhood Watch: watch program

Check bands and modes you are equipped to operate:

	2M / 144 MHz	1.25M / 220 MHz	70cm / 440 MHz	33cm / 902 MHz	23cm / 1.2 GHz	other
HT						
Mobile						
Base Station						
Packet						
APRS						
ATV						
Other						

Can your home station operate with alternate power ? Yes No Generator: Battery:

Availability	Daytime	Nighttime	Weekends
General Exercise			
Emergency			

Please list additional information and comments on other side.

“I understand the City of Santa Clara will request a Live Scan. I hereby give permission for that inquiry and review.”

Signature:	Date:
-------------------	--------------

Do Not Write In This Area

FCC Data Confirmed: <input type="checkbox"/>	FRN:	ULS:	Expiration:
RACES Emergency Coordinator:			Date:
Live Scan Reference:	Date Requested:	Date Completed:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Live Scan Coordinator:			Date:
DSW Sworn in by:			Date:
City Emergency Services Coordinator:			Date: