



**Amateur Radio Emergency Service
District or Local Emergency Coordinator
Application**

Name: _____ Call: _____

Street: _____ City: _____ State: _____

County: _____ Zip: _____ E-mail: _____

Home phone: _____ Work phone: _____

License Class: _____ ARRL member? _____

List names of Amateur Radio clubs of which you are a member: _____

Operations Capabilities: (specify fixed and/or mobile)

Mode	HF	VHF/UHF	1.2 GHz
Data			
Packet			
CW			
SSB			
FM			
Other			

Present ARRL appointments: _____

Former ARRL appointments: _____

Describe related experience: _____

Signature: _____ Date _____