



# Pulaski County ARES / RACES

## Member Information Form



Please Print

Last Name, First Name	
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Callsign		Class	N T G A E	ARRL Member?	Yes No	DOB	MM / DD / YYYY
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Home: Street Address

City		County		ZIP	
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Email	Phone (    )
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Work: Street Address

City		County		ZIP	
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Email	Phone (    )
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Work Days / Hours

Best Reach Email Phone (    )

NIMS/ICS Courses Completed	100	200	700	800	NWS Spotter Course	Yes	No
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Mobile	VHF	UHF	Crossband	HF	Portable / HT	VHF	UHF	HF with Ant. /	VHF	UHF
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Base	VHF	UHF	Crossband	HF	Power	Generator Base / Portable	Battery
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Approx # of Public Service Events Worked Annually / # Yrs	/	Public Service Events - Past Year
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List Exercises – Past 5 Years

Signature	Date
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This form can be  
printed and mailed to:

ARES/RACES  
PO Box 2893  
Little Rock AR 72203-2893

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