



# City of Santa Clara

## ARES / RACES

### Application for Membership



<b>Name:</b>	FIRST	MI	LAST	SUFFIX	<b>Call Sign:</b>
<b>Nick Name:</b>					<b>Class:</b>
<b>Mobile Phone:</b>				Receive SMS (Text Msgs) : <input type="checkbox"/>	<b>DOB:</b> MM/DD/YYYY

**Home**

<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>E-Mail:</b>	

**Work:**

<b>Employer:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>E-Mail:</b>	

**Vehicle Information:**

<b>Driver License No:</b>	<b>State:</b>
<b>Make/Model/Year:</b>	<b>License No:</b>
<b>Make/Model/Year:</b>	<b>License No:</b>

Check bands and modes you are equipped to operate:

	160M	80M	40M	20M	15M	10M	6M	2M	1.25M	70cm	23cm	other
HT												
Mobile												
CW												
FM												
SSB												
Digital												
Packet												
ATV												
Other												

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

Availability	Daytime	Nighttime	Weekends
General Exercise			
Emergency			

Please list additional information and comments on other side.

“I understand the City of Santa Clara will review the validity of my driver's license. I hereby give permission for that inquiry and review.”

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

**Do Not Write In This Area**

A driver's license check has been conducted for the above listed individual; The status of the license **IS / IS NOT** valid.

<b>Chief Communications Dispatcher:</b>	<b>Date:</b>
<b>City Emergency Manager:</b>	<b>Date:</b>