

WASHINGTON COUNTY

RADIO AMATEUR CIVIL EMERGENCY SERVICES

AND

AMATEUR RADIO EMERGENCY SERVICES

REGISTRATION FORM

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip: _____

License Class: _____ Primary radio interest: _____

Home Phone: _____ Business Phone: _____

Cell or Pager: _____ E-mail Address: _____

Can your home station operate without commercial power? Yes No

If yes, what bands? _____

Check bands/modes you can operate:

	160	80	40	30	20	17	15	12	10	6	2	220	440
FM													
DATA													
SSB													
MOBILE													
CW													
PACKET													

Signed: _____ Date _____