



**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 \_\_\_\_\_