

WISCONSIN ARES/RACES REGISTRATION & CAPABILITIES FORM

NAME:		CALLSIGN:	
STREET:	CITY:	STATE:	ZIP CODE:
COUNTY:		PACKET MAILBOX ADDRESS:	
HOME PHONE:		HOME EMAIL ADDRESS:	
WORK PHONE:		WORK EMAIL ADDRESS:	
CELLPHONE:		PAGER NUMBER:	
LICENSE CLASS:	ARRL MEMBER:	MARS MEMBER:	MARS CALLSIGN:
PRESENT MEDICAL CONDITIONS:		CURRENT MEDICATIONS:	
WHO TO CONTACT IN CASE OF MEDICAL EMERGENCY:		PHONE NUMBER:	
RED CROSS TRAINING:	WHICH RED CROSS CLASSES:	CPR CERTIFIED:	

	SHIFT AVAILABILITY		
Sun	12AM - 9AM	8AM-5PM	4PM-1AM
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			

Use the back of this sheet to describe any additional training or certificates that might be of interest

LIST NAMES OF AMATEUR RADIO CLUBS THAT YOU ARE A MEMBER OF:

PRESENT ARRL APPOINTMENT(S):



EQUIPMENT LISTING AND CAPABILITIES:

	HF EMERGENCY POWER					VHF EMERGENCY POWER					UHF EMERGENCY POWER				
	AC	BATTERY	UPS	GENERATOR	MOBILE	AC	BATTERY	UPS	GENERATOR	MOBILE	AC	BATTERY	UPS	GENERATOR	MOBILE
PACKET															
AMTOR															
PACTOR															
RTTY															
CW															
SSB															
FM															
SSTV															
CROSS-BAND															
OTHER															

DOES YOUR VEHICLE
HAVE FOUR WHEEL
DRIVE?

DO YOU HAVE A
SNOWMOBILE?

SIGNATURE: _____

DATE: _____

**ID CARD
ISSUED:** _____