



**Monroe County Amateur Radio Emergency Service, Inc.
Monroe County Radio Amateur Civil Emergency Service**



Registration Form – Confidential Information

Name: _____ Call: _____ License Class: _____
 Address: _____ Year first licensed: _____
 City: _____ State: NY Zip: _____

Daytime phone: _____ Pager: _____
 Evening phone: _____ Cell phone: _____
 Email address: _____
 Hours available _____

Please enroll me as a member in: ARES RACES (we recommend you join both)

Primary interests:

- | | |
|--|---|
| <input type="checkbox"/> Public Service Events | <input type="checkbox"/> Public Shelter Communications |
| <input type="checkbox"/> National Traffic System Liaison / Net Control | <input type="checkbox"/> Weather Reports for National Weather Service |
| <input type="checkbox"/> Emergency Communications | <input type="checkbox"/> County Wide Communications Test |
| <input type="checkbox"/> Health & Welfare Traffic Relay | |

Please check bands/modes you can operate:

	HF	6	2	220	440	Other
CW						
FM						
RTTY						
SB						
Mobile						
Packet						
Portable						

Packet BBS ID (if any): _____ Frequency: _____

Other equipment: _____

Can your station operate without commercial power? Yes No

If yes, approximately how many hours? _____ Bands: HF VHF UHF Other

By completing this form, I acknowledge that I would like to join Monroe County ARES and Monroe County RACES, and that all activities that I participate in are on a voluntary basis only with no form of compensation or reimbursement. My personal information will be shared with the ARES Emergency Coordinator, ARES Assistant Emergency Coordinators and designees, and the Monroe County Office of Emergency Management for membership in RACES as appropriate.

Signed: _____ Date: _____

Return to: Steve Smith, KC2YTC
 PO Box 23078
 Rochester, NY 14692

Use other side for additional information / comments