



Amateur Radio Emergency Service®



ARES® Registration Form

Name:	
Call Sign:	
Mailing Address:	
City, State, ZIP code:	
E-mail Address(es):	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	
License Class:	

Check bands and modes that you can operate:

MODE	HF	6 meters	2 meters	222 MHz	440 MHz	Others
SSB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DATA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other modes (specify below)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Can your home station be operated without commercial power? Yes No

Signature _____ Date _____

Contact ARES® and ARRL Section Leaders in your area: www.arrl.org/sections/.
 Learn about ARRL-sponsored Amateur Radio Emergency Communications Courses:
www.arrl.org/online-course-catalog