## Broward Emergency Management ARES / RACES Membership Application

ARES / RACES Membership Application												ctive		-	
Please type or print clearly												ires	Ap	proved by	
Name														this Application BLIGATE YOU	
Address														S qualifies you for the event RACES is	
City Zip Code County														e performing duties. vides a database of	
Home Phone		Work					Cell				qua	lified Am	ateur Ra	ndio operators available nergency activation.	
Amateur Call License Class Expiration Date Date of Birth												ARES/RACES participation is voluntary.			
Emergency Contact Phone											By submitting this application you consent to a				
Email Address to receive Broward Co	unty ARE	S / RAC	ES Alerts	s / Bulleti	ns								backgro	ound check.	
You reside at the above address during what months? From To Are you capable of setting up a station in the field? Indicate what, below, if yes What languages are you fluent in?										То	YES NO				
In the event of an emergency do Are you willing to Staff a shelter Is your home station capable of c Could you serve another area in I	during peration	a hurri n witho	cane? out com	mercia	l powei	r?		am (CA	T)?		YES YES YES	S S	NO NO NO	MILES AWAY	
Indicate below any capabilities y Modes	ou have	i.e. bi	g beam	, tall to	wer, hi	gh pow	er, spe	cial mo	de etc.		uld ass	sist in the e	vent of a	in emergency.	
SSB- Power in Watts	160	80	40	30	20	17	15	12	10	6	2	1.25cm	70cm	Add. Bands/ Comments	
CW- WPM															
TOR- RTTY, PSK31, WinLink, Pactor II, etc.															
SSTV, DSSTV, NBTV Mobile / RV- Modes and								-		1					
Power in Watts															
Packet- Baud 300, 1k2, 9k6															
APRS- GPS, WX, DF, Tracker															
ATV- AM, FM															
FM- Power in Watts															
Satellite- AO, FO, RS, SO etc.															
Other modes or special operation	/ capar	oilities	equipi	ment 1.6	e. CEK	I, CAP	, Coas	t Guarc	i, Marir	ie, MA	.KS, KI	EAC1, Coi	itest Stat	ion, Remote Control, eet.	
Do you have ICS 100 200	700	800	D	o you h	ave En	ncomm	1	2 3	(circ	le thos	e that y	ou have)	Please su	bmit Certificate Copies.	
·														•	
Signature Use back of this application for a Please list experience, qualificati											pplicat		Date litional si	pace. Revised 04/2014	

**EOC** Use Only

RACES # \_\_\_\_\_ RACES POSITION