



Amateur Radio Emergency Service Sussex County, Delaware



New Registration / Membership Update Form

Thank you for your willingness to serve the Sussex County, DE and your community in times of communications emergencies or disaster.

Information submitted on this form may be forwarded to your Section Emergency Coordinator or Assistant Emergency Coordinator for Administration. After your initial registration, if contact information, equipment or training experience changes, inform the **Emergency Coordinator**, via this form. Submit updated form by 31 May each year.

Call Sign: _____ First: _____ Last: _____

Address: _____

City: _____ St: _____ Zip+4: _____

SMTP Email: _____ County: _____

Home Phone: _____ Primary: _____ Check One only.

Cell Phone: _____ Primary: _____ Check One only Carrier: _____

Work Phone: _____ Primary: _____ Check One only

Amateur License Class: _____ Do you know CW: Yes No Speed: _____

Are you currently an ARRL Member: Yes No

Note: ARRL membership is not required to be a regular member of ARES.

Check (✓) Band & Modes you can operate with your own equipment:

	160	80	40	30	20	17	15	12	10	6	2	1.25	70	Above 70cm
CW														
SSB														
Mobile														
FM														
HandHeld														
HT														
<u>Data Modes. List</u>														
RTTY, FLDigi, Packet, WinLink Winlink														

Addresses

Disaster or Communications Related Training:

Please attach copies of your Certificates of Completion or transcript of classes.

SKYWARN: # _____ CERT: _____ CERT Location: _____

FEMA IS Classes: IS-100: _____ IS-200: _____ IS-700: _____ IS-800: _____

ARRL: Basic: Intermediate: Advanced: PR-101:

Have you served in ARES in any other jurisdictions? Yes No

If Yes, list the jurisdiction(s) and Positions: _____

Other Capabilities:

Are you licensed/have equipment for:

GMRS Yes No MURS Yes No FRS Yes No

Deployment:

Can you deploy to: Sussex County: Yes No

Delaware Section*: Yes No

Mid Atlantic ARESMAT (adjoining Sections)*: Yes No

*Deploying outside Sussex would require a "Deployment Bag" and a "Go Kit."

Do you have a Go Kit (radio gear)? Yes No

Describe your Go Kit and its capabilities (bands, antenna, power, etc.): _____

Do you have a portable generator: Yes No fuel type: _____

If unable to deploy, can you serve as a base operator from home? Yes No

If "Yes", do you have internet / email capability in your shack? Yes No

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

If yes, type of power? (solar, battery, house generator, etc.): _____

Served Agency: Are you assigned to serve on a team at a served agency? Yes No

If so, which one?: _____ Address: _____

What are your duties at the served agency? (Voice, digital – list modes, Team Lead, etc.): _____

List any comments or other capabilities you might consider useful to Sussex ARES:

Print Name: _____ Call Sign: _____

Date: _____ Signature: _____

Do not write below this line – Reserved for future Official use.

Email this completed membership form to:

Emergency Coordinator at kc3dso@gmail.com