

Winn Amateur Radio Emergency Services, Inc.

2007 Membership Form

Name: _____
(Last) (First) (MI)

911 Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Ph: _____ Work Ph: _____

Cell Ph: _____ Pager: _____

Callsign: _____ Class: _____

Date of Birth: _____ Spouse's Name: _____

ARRL Member: Y or N (Note ARRL membership required by 51% of WARES Regular Members to maintain status as ARRL affiliated club and therefore and ARES orginazation)

Certifications:

FEMA IS-100** _____ FEMA IS-200 _____ FEMA IS-700** _____ FEMA IS-800 _____

Other FEMA courses: _____

ARRL EC-001 _____ ARRL EC-002 _____ ARRL EC-003 _____

Other EMCOMM Courses _____

Medical Training: _____ CPR/AED: _____

Other useful certifications: _____

*Please provide copies of all certifications (new membership or certification only)

**Required of all regular members (classes to be held as needed or online self study)

Membership Type: Regular (Licensed Hams) _____ Associate (Non-Licensed Hams) _____