



Amateur Radio Emergency Service

ARES Registration Form

Name:	
Call Sign:	
Mailing address:	
City, State, Zip code:	
Email addresses:	
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							
CW							
FM							
DATA							
PACKET							
Other modes: (specify below)							
Mobile operation							

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

Signature: _____ Date: _____

Fill out the above and mail to:

Bob Brown, W4YFJ
VT-ARES Membership
5 Repa Dr.
Essex Junction, VT 05452