

C.A.R.E.S. Assn.  
Carolina Amateur Radio Emergency Services  
APPLICATION FOR MEMBERSHIP

Call Sign / License Class \_\_\_\_\_

Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell \_\_\_\_\_

Do you have 2-meter mobile radio capabilities? \_\_\_\_\_

Do you have 440(70 cm) mobile radio capabilities? \_\_\_\_\_

On what HF bands do you have capabilities? \_\_\_\_\_

Do you have HF mobile capabilities? \_\_\_\_\_

If so, on what bands \_\_\_\_\_

Are you already an ARES/RACES member? \_\_\_\_\_

Are you a SKYWARN spotter? \_\_\_\_\_

Your favorite ham activities \_\_\_\_\_

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Your Signature \_\_\_\_\_

Date \_\_\_\_\_

CARES Assn., PO Box 8006, Gaffney, SC 29340

c/o Secretary

(Revised 1/2009 JFF)

