



Amateur Radio Emergency Service®
Assistant District Emergency Coordinator
Application

Name: _____ **Call:** _____

Street: _____ **City:** _____ **State:** _____

County: _____ **Zip:** _____ **Home phone:** _____

Cell Phone: _____ **Work phone:** _____

E-mail: _____

License Class: _____ **ARRL member?** _____

List names of Amateur Radio clubs of which you are a member:

Operations Capabilities: (specify fixed and/or mobile)

Mode	HF		VHF/UHF		1.2 GHz	
	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile
Data	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile
Packet	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile
CW	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile
SSB	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile
FM	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile
Other	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile

Present ARRL appointments:

Former ARRL appointments:

Describe related experience:

Signature: _____

Date: _____

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