



Amateur Radio Emergency Service®
Assistant 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	
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:

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Former ARRL appointments:

Describe related experience:

Signature:

Date: