

SILICON VALLEY EMERGENCY COMMUNICATIONS SYSTEM (SVECS)
AMATEUR RADIO EMERGENCY SERVICE
APPLICATION FOR MEMBERSHIP

Name: _____ Call: _____
Please Print Last First Middle Initial License Class: _____

Address: _____
No. Street Apt. No./Unit P.O. Box

City: _____ State: _____ Zip Code: _____ - _____

Home Phone: (_____) _____ Work Phone: (_____) _____ X _____

Work City: _____ Work Zip Code: _____

Please provide the following information:

ARRL Member: Yes ? No ? ARRL Appointment(s): _____
ARES Member: Yes ? No ? MARS Member: Yes ? No ?
RACES Member: Yes ? No ? CDF VIP Member: Yes ? No ?

Amateur Radio Club Affiliations(s): _____

Local City(s) Emergency Communications Affiliation: _____

Red Cross Affiliation: _____ Disaster Services Trained: ?

I hereby request membership in SVECS/ARES. I certify that:

1. I have an active interest in Amateur Radio Emergency Service.
2. I am willing to be trained to provide communications in times of emergencies and to actively participate in public service events to help maintain these skills.
3. I agree to support SVECS in the attainment of its objective to provide trained, amateur radio emergency communications in times of need.
4. I understand that the autodial codes for the AA6BT/R repeater are confidential and agree to treat them accordingly.
5. My tax-deductible contribution in the amount of \$ _____ is enclosed.

Please send to me the system information and autodial codes.

Signature: _____ Date: _____

Note: All minors must attach a note signed by their parent(s) indicating approval for their child to participate in ARES/RACES.

Mail the completed form with a photocopy of your current amateur radio license to:
Don Steinbach, AE6PM 14600 Bougainvillea Ct. Saratoga, CA 95070

Rev. 6-8-14 To be accepted, form must be complete and signed with your full signature.