

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.