



FOUNTAIN VALLEY RADIO AMATEUR CIVIL EMERGENCY SERVICES



MEMBERSHIP INFORMATION					
<input type="checkbox"/> New Member		<input type="checkbox"/> Address Change		<input type="checkbox"/> Update	
Last Name		First Name			Middle
Date of Birth	Social Security Number		Call Sign		License Class
Mailing Address				E-Mail Address:	
City		State	Zip	Day Phone:	
Night Phone:		Pager:		Mobile:	
Occupation:			Driver License:		
I have equipment to operate the following bands/modes:					
2M	220	440	6M	HF	Other
<input type="checkbox"/> Mobile	<input type="checkbox"/> Mobile	<input type="checkbox"/> Mobile	<input type="checkbox"/> Mobile	<input type="checkbox"/> Mobile	
<input type="checkbox"/> HT	<input type="checkbox"/> HT	<input type="checkbox"/> HT	<input type="checkbox"/> HT	<input type="checkbox"/> Base	
<input type="checkbox"/> SSB	<input type="checkbox"/> SSB	<input type="checkbox"/> SSB	<input type="checkbox"/> SSB		
I would like to help in the following areas: <input type="checkbox"/> Technical <input type="checkbox"/> Training <input type="checkbox"/> Public Service					
Other organizations that you are involved in (Amateur radio or not):					
Special skills and abilities you have:					
Training and experience: Check appropriate courses completed: ARRL ARECC <input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] FEMA IS 100 <input type="checkbox"/> IS 200 <input type="checkbox"/> IS 700 <input type="checkbox"/> IS 800 <input type="checkbox"/>					
Other emergency communications courses, training or duties you have performed that could be of help to R.A.C.E.S:					
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature:					Date:

FVPD Clearance on (date) _____ By _____