



Salt Lake County A.R.E.S., Inc.

Membership Application

[ARES 104]

09 December 2004

Instructions: Please provide the following information and return it to any of the ARES leadership. This information will be used for alerting, planning and statistical use. **CIRCLE** the information you do NOT wish released to the general membership (e.g., unlisted phone numbers). Please **PRINT** clearly.

Name	Preferred Name	Surname		License	FCC Call sign
	Address	Apt			License Class <input type="checkbox"/> N <input type="checkbox"/> T <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> E
	City	State	Zip		Expiration
Application for Membership Classification As: <input type="checkbox"/> Operational <input type="checkbox"/> Supporting <input type="checkbox"/> Associate					

Contact	Home Primary	Home Secondary/FAX	Identification	ARES #
	Work Primary	Work Secondary		RACES #
	Cell	Pager/Other		EmComm Level
	e-mail			

Special Capabilities	List special equipment, experience or information you feel important for ARES leaders to know:
-----------------------------	--

Service Request	If possible, I would like to serve in these responsibilities:
------------------------	---

Document Instructions	
Upon completion, present this application along with current annual dues to the Assistant Emergency Coordinator (AEC) – Finance, Emergency Coordinator, or any other AEC,	or send to: Salt Lake County A.R.E.S., Inc. PO Box 26642 Salt Lake City, UT 84126-0642

Document Distribution
Original → SLCo ARES AEC – Finance