

# Membership Update Information Form

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Last Name

Email

First Name

Mobile Phone

Address

Home Phone

City

VE

☐

State

Emergency Contact

Zip Code

EC Phone

CALLSIGN

ARES Member

☐

CLASS

ARES Member #

Expiration Date

ARRL Member

☐**RADIO CAPABILITIES** *Check all that apply*

MODE	SSB	CW	FM	DATA	PACKET	DMR	C4FM	D-STAR	APRS	MOBILE	BASE	PORTBL
HF												
6M												
VHF												
UHF												

**ADDITIONAL COMMENTS**