Pinal County Emergency Communications Group

Membership Information Questionnaire FCC CALL SIGN_____

LICENSE CLASS_____

Name:_____

Last First Middle Initial

Address:_____Email:_____

City:_____Zip_____Work City:_____

Home Phone: ( )_____ Work Phone: ( )_____ Cell ( )_____

Please provide the following information:

ARRL Member : Yes ___ No ___ Membership #_____

Club Affiliation(s):_____

Occupation:_____ Retired _____ Self Employed _____

Driver's License Class:_____ Bus: _____ Heavy Equipment:_____

Hobbies/Other Interests:_____

Skills:

Writing:_____ Photography:_____ Electrical:_____ Electronics:_____ Other:_____

Certified First Aid:_____ Certified CPR:_____ Other Medical_____

Equipment Capability

440MHz: _____ Fixed: ____ Portable:____ Mobile:_____

220MHz: _____ ____ _____ _____

2 Meters: _____ ____ _____ _____

HF : _____ ____ _____ _____

ATV : : _____ ____ _____ _____

Packet : _____ ____ _____ _____

Other : _____ ____ _____ _____

Emergency Power: Yes____No____Battery Output:_____ Generator Output:_____

Bands Worked: 160:_____ 80:_____ 40:_____ 30:_____ 20:_____ 18:____ 15:____ 12:_____

10:_____ 6:_____ 2:_____ 220:_____ 440:_____ Other:_____

AM:____ SSB:____ FM:____ CW:____ Packet:___ Other:_____

Please return the application to:

PCECG
P.O. Box 3516
Apache Junction, AZ 85217

or fax to:
480-288-4880

PCECG Form 1