

# 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) 986-2656**