

**EMRG-504**

Version 1.1

Emergency Measures Radio Group

**Membership Form**

Classification: PUBLIC

Date (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Restricted when completed****MEMBERSHIP TYPE**

Active: \_\_\_\_ (I want to actively participate)

Inactive: \_\_\_\_ (I want to be kept informed)

**NAME & ADDRESS**

Last Name: \_\_\_\_\_ First Name/Initials: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Call Sign(s): \_\_\_\_\_

**PHONE NUMBERS & EMAIL**

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ 7x24 Y\_\_ N\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_ Specify: \_\_\_\_\_

Home Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

**OPERATING PRIVILEGES**

Place an X or check mark in the sections that apply to you.

AMATEUR: Basic: \_\_\_\_ Advanced: \_\_\_\_ CW: \_\_\_\_ Grandfathered/Equivalent: \_\_\_\_

Restricted Op Cert: Land: \_\_\_\_ Marine: \_\_\_\_ Air: \_\_\_\_ Grandfathered/Equivalent: \_\_\_\_

**OTHER INFORMATION**

Have EMRG City Pass: \_\_\_\_ Expiry date (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_

LANGUAGES (fluent enough to deal with people in an emergency):

English \_\_\_\_ French \_\_\_\_ Other \_\_\_\_\_

SEND NEWSLETTERS VIA: Home Email: \_\_\_\_ Work Email: \_\_\_\_ Mail: \_\_\_\_

**RETURN TO:** EMRG (Harold Hamilton) va3unk AT rac.ca  
206-10 Burnside Avenue Ottawa, Ontario (613)-722-9180  
K1Y 2L9