**Galveston County Emergency Communication Group**

 **Membership Application Form**

|  |  |
| --- | --- |
| **Name:** |  |
| **Call Sign:** |  |
| **Mailing Address:** |  |
| **City, State, Zip code:** |  |
| **Email address(es)** |  |
| **Home phone number:** |  |
| **Work phone number:** |  |
| **Cell phone number:** |  |
| **License Class:** |  |

**Check bands and modes that you can operate:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MODE** | **HF** | **6 METERS** | **2 METERS** | **222 MHz** | **440 MHz** | **OTHER** |
| **SSB** |  |  |  |  |  |  |
| **CW** |  |  |  |  |  |  |
| **FM** |  |  |  |  |  |  |
| **DATA** |  |  |  |  |  |  |
| **PACKET** |  |  |  |  |  |  |
| **Other Modes****(specify below)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Mobile****Operation** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Can you home station be operated without commercial power? Yes ( ) No ( )**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return completed form to Director of GCECG at:** **cgtallman@earthlink.net**