

SATERN Membership Application

Print, complete and mail to:

SATERN Application, ATTN: Major Patrick McPherson
The Salvation Army National Headquarters
615 Slaters Lane, P.O. Box 269
Alexandria VA, 22313

Call sign:

Date:

PERSONAL INFORMATION

Name: <input type="text"/>	Home phone: <input type="text"/>
Address: <input type="text"/>	Work phone: <input type="text"/>
City: <input type="text"/>	Cell phone: <input type="text"/>
State: <input type="text"/> Zip Code: <input type="text"/>	Pager: <input type="text"/>
Email: <input type="text"/>	Driver license: <input type="text"/>
Blood type: <input type="text"/> Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>
Employer: <input type="text"/>	Will your employer release you in case of disaster? YES <input type="checkbox"/> NO <input type="checkbox"/>
In an emergency can we call you at work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a member of any other Emergency Group? YES <input type="checkbox"/> NO <input type="checkbox"/>

AMATEUR RADIO LICENSE INFORMATION

Call sign: <input type="text"/>	Class: <input type="text"/>	Expiration date: <input type="text"/>
Signature: <input type="text"/>		

STATION CAPABILITIES

HF: YES <input type="checkbox"/> NO <input type="checkbox"/> Mobile <input type="checkbox"/> Portable <input type="checkbox"/> Base <input type="checkbox"/> HT <input type="checkbox"/>	VHF: YES <input type="checkbox"/> NO <input type="checkbox"/> Mobile <input type="checkbox"/> Portable <input type="checkbox"/> Base <input type="checkbox"/> HT <input type="checkbox"/>
UHF: YES <input type="checkbox"/> NO <input type="checkbox"/> Mobile <input type="checkbox"/> Portable <input type="checkbox"/> Base <input type="checkbox"/> HT <input type="checkbox"/>	PACKET: YES <input type="checkbox"/> NO <input type="checkbox"/> Mobile <input type="checkbox"/> Portable <input type="checkbox"/> Base <input type="checkbox"/> HT <input type="checkbox"/>
Your Packet BBS Callsign: <input type="text"/>	Do you have Emergency Power capabilities? YES <input type="checkbox"/> NO <input type="checkbox"/>
List Tranceivers, Antennas, Computers, Printers that you have <input type="text"/>	
List the Repeater frequencies, Offset and PL that you frequent <input type="text"/>	
List any special skills you have that may be useful in an emergency <input type="text"/>	

PLEASE DO NOT WRITE BELOW THIS LINE

Reviewer comments: <input type="text"/>	Date: <input type="text"/>
Signature: <input type="text"/>	