



**East Texas Emergency Communication Service, Inc.
P.O. Box 8911
Tyler, Texas 75711**

Registration Form

In completing this form, I am committing to assist ETECS with Emergency and Public Service situations requiring assistance in communication.

My Primary interest is to work with the following team:

- Emergency Management Medical/Health Disaster Services
 I also want to participate in SKYWARN weather spotting

Name: _____
Last
First
Middle

Address: _____ City: _____ ZIP Code: _____

Date of Birth: _____ Amateur Call: _____ License Class: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you have a Government Issued ID? Yes _____ No _____ Type: _____

Occupation: _____ Employer: _____

Email Address: _____

Days/Hours Available: _____

APPLICANT'S STATEMENT

The information contained in the application is true and complete to the best of my knowledge. Should my application be accepted, I agree to be bound by the policies of East Texas Emergency Communication Service, Inc. and to refrain from unprofessional conduct in the performance of my services on behalf of this organization.

Signature: _____ Date: _____

- | | | | | | | | | |
|----------------------|-----------------------|---|------|--------------------------|--------|--------------------------|-----------|--------------------------|
| Equipment Available: | 2 Meter | - | Base | <input type="checkbox"/> | Mobile | <input type="checkbox"/> | Hand Held | <input type="checkbox"/> |
| | 70 CM | - | Base | <input type="checkbox"/> | Mobile | <input type="checkbox"/> | Hand Held | <input type="checkbox"/> |
| | HF | - | Base | <input type="checkbox"/> | Mobile | <input type="checkbox"/> | Portable | <input type="checkbox"/> |
| | Winlink/Packet | - | Base | <input type="checkbox"/> | Mobile | <input type="checkbox"/> | Portable | <input type="checkbox"/> |
| | D Star | - | Base | <input type="checkbox"/> | Mobile | <input type="checkbox"/> | Portable | <input type="checkbox"/> |

Other Equipment: