SATERN Membership Application

Print, complete and mail to:

Major Patrick McPherson
The Salvation Army Emergency Disaster Services Center
POB 1447
Midland, MI 48641

Call sign: _____

Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home phone: _____

Work phone: _____

Cell phone _____

Pager: _____

Email: _____

Blood type: _____ Gender: M ☐ F ☐

Driver license: _____

Date of Birth: _____

Employer: _____

Will your employer release you in case of disaster?
YES ☐ NO ☐

In an emergency can we call you at work?
YES ☐ NO ☐

Are you a member of any other Emergency Group?
YES ☐ NO ☐

AMATEUR RADIO LICENSE INFORMATION

Call sign: _____ Class: _____ Expiration date: _____

Signature: _____

STATION CAPABILITIES

HF: YES ☐ NO ☐
Mobile ☐ Portable ☐ Base ☐ HT ☐

VHF: YES ☐ NO ☐
Mobile ☐ Portable ☐ Base ☐ HT ☐

UHF: YES ☐ NO ☐
Mobile ☐ Portable ☐ Base ☐ HT ☐

PACKET: YES ☐ NO ☐
Mobile ☐ Portable ☐ Base ☐ HT ☐

Your Packet BBS Callsign: _____

Do you have Emergency Power capabilities? YES ☐ NO ☐

List Tranceivers, Antennas, Computers, Printers that you have
_____

List the Repeater frequencies, Offset and PL that you frequent
_____

List any special skills you have that may be useful in an emergency
_____

PLEASE DO NOT WRITE BELOW THIS LINE

Reviewer comments:

Date: _____

Signature: _____