



LYCOMING COUNTY *DISASTER COMMUNICATIONS SERVICE*

MEMBERSHIP APPLICATION

2/2010

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
E-Mail Address		Home Phone	
Work Phone	Cell Phone	Pager	
Driver's License #: (Include copy with this application)			
Emergency Contact Person:			
Emergency Contact #:			

LICENSE INFORMATION		
Call Sign:	License Class:	License Expiration Date:
Included a copy of my license with this application?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

TRAINING		
ICS-100 (Required within 1 year)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ICS-200	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ICS-300	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ICS-400	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ICS-700 (Required within 1 year)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ICS-703	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ICS-706	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ICS-800	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ICS-802	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CERT (Community Emergency Response)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARRL ARECC Level I	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARRL ARECC Level II	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARRL ARECC Level III	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
I hereby apply for membership as a volunteer in the Lycoming County Disaster Communication Service and agree to abide by the policies, rules, and regulations set forth in the DCS Plan.	
Signature	Date