

ID

Fname

M\_I

Lname

Callsign

HomeAddress1

License\_Class

HomeAddress2

City

State

Zipcode

County

HOME PHONE

Cellphone

WorkPhone

Email

ARRL\_Member

ARES Level 1

ARES Level 2

ARES Level 3

FEMACERT

FEMACERTADV

ARES\_Member\_since

REDCROSS

FEMAICS700

Salvation\_Army

SkyWarn\_Spotter

Fixed\_StationHF

APRS

Moblie\_Radios

PortableHF

SSTVHF

Fixed\_StationVHF

PacketHF

Mobile\_HF

PortableVHF6m

SSTVHF

Fixed\_StationUHF

PacketVHF

MobileVHF

PortableVHF2m

SSTVUHF

PSKHF

MobileUHF

PortableVHF1.25m

ATV

PSKVHF

PortableUHF440

PortableUHFabove440

EmergencyPower

Type\_of\_E\_Power

Medical\_Conditions