



# Radio Amateur Civil Emergency Service

## MEMBERSHIP APPLICATION

Township \_\_\_\_\_

The following is required for Suffolk County, NY RACES membership. (New Application or Renewal)

1. Copy of Amateur Radio Service License.
2. Three (3) photographs. (1-for county records, 1-for local records, 1-for ID Card).
3. Copy of Completion Certificate of FEMA Independent Study Course IS-100 and IS-700

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Call Sign \_\_\_\_\_ Year First Licensed \_\_\_\_\_ License Class \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

ARES/RACES Township \_\_\_\_\_ County \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Business Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

U.S. Citizen?  Y  N Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Blood Type \_\_\_\_\_ Any previous military service?  Y  N Ever convicted of a crime?  Y  N

Give details: \_\_\_\_\_

Ever denied membership in any RACES organization?  Y  N

Give details: \_\_\_\_\_

Last radiological training (Year & Month, if known) \_\_\_\_\_

Character References (use call signs) 1 \_\_\_\_\_ 2 \_\_\_\_\_

Are you part of any other Emergency Response Organization?  Y  N

If yes, Organization & Position \_\_\_\_\_

Person to notify in case of emergency (Name/Phone) \_\_\_\_\_

I agree that the information above is correct to the best of my knowledge

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Office of Emergency Management  
Suffolk County, New York**

New     Renewal

RACES I.D. No. \_\_\_\_\_

APPLICATION FOR SUFFOLK COUNTY CIVIL DEFENSE FORCE (All questions must be answered)

Full Name (please print) \_\_\_\_\_ Citizen of U.S.A. \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET)      (POST OFFICE)      (TOWNSHIP)      (ZIP CODE)      (TELEPHONE NO.)

Presently Employed By \_\_\_\_\_

Occupation \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

For Enrollment in the Civil Defense – Radio Amateur Civil Emergency Service (RACES)

The Township of \_\_\_\_\_ Unit. \_\_\_\_\_

Identification: Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Blood Type \_\_\_\_\_

**Loyalty Oath**

“I \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.”

“And I do further swear (or affirm) that I do not advocate, nor am I a member or affiliate of any organization, group, or combination of persons that advocate the overthrow of the Government of the United States by force or violence; and that during such time as I am a member of the Civil Defense forces of the County of Suffolk, I will not advocate nor become a member or an affiliate of any organization, group, or combination of persons that advocate the overthrow of the Government of the United States by force or violence.”

SWORN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
EMERGENCY PREPAREDNESS OFFICIAL  
Authorized to administer the written oath pursuant  
To Section 33, Article 3, N.Y. State Defense  
Emergency Act. Designation filed with Suffolk  
County Clerk is still in force.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Approved By

Bring the completed application to an ARES/RACES meeting and submit it to the EC