

ARRL Ham Aid Reimbursement Application

Name (please print)

Call Sign:

Address

City

State

Zip

Telephone Number; ( )

Email address:

Signature:

Date:

Dates of Volunteer Service

Date	Location	State
1)		
2)		
3)		
4)		

Optional Information:

( ) My license class is \_\_\_\_\_

( ) I completed ARECC training under the federal emergency communications training grant.

( ) I am over 55      ( ) I am under 55.

( ) I am a member of ARES

( ) I am a member of RACES

Approved:

Name (please print)

Call Sign

Field Appointment

Signature

Date