



**Western Washington Medical Services Communications
Membership Renewal and Data Collection/Correction**

Western Washington Medical Services Communications Team provides support to the health care facilities in King Co. and the rest of western Washington.- as a volunteer Amateur Radio emergency worker group authorized through the Federal Government RACES and the State of Washington.

Please complete the following information:

Check one: New Application **Renewal Application** **Data update/correction**

Date of Completion of this Form: _____

Name: last: _____ first: _____ MI: _____

Current ID badge #: _____ Issuing jurisdiction: _____ (If none, mark 'None')

Amateur Radio Call Sign: _____ Exp. Date: _____ Class: _____

Occupation/Employer: _____

Residence Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: (if different): _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Cell/Alt: _____ Service Provider (for SMS) _____

E-mail address #1: _____ E-mail address #2: _____ Important for text notification

Pager: _____ Service Provider: _____ Alpha/Numeric?

Preferred Assignment Location(s) _____

State Emergency Worker Registration Information: (optional data)

(This information is confidential and will not be published/released w/o your consent)

DOB: _____

Person to Notify in case of emergency: _____ Relationship: _____

Contact Home Phone: _____ Cell/Alt: _____

Training Modules:

- IS-700 Intro to NIMS Date (mo/yr)completed: _____
- IS-100 Intro to ICS Date (mo/yr)completed: _____
- HIPAA Confidentiality Date (mo/yr)completed: _____
- Blood-borne Pathogens Date (mo/yr) completed: _____
- CPR Exp. Date: _____
- First Aid – Level : _____ Issued by: _____
- ARRL Emerg. Comm Course: Highest Level _____
- Helicopter Awareness: Date completed: _____

Other Classes:

- _____ Date (mo/yr)completed: _____
- _____ Date (mo/yr)completed: _____
- _____ Date (mo/yr)completed: _____
- _____ Date (mo/yr)completed: _____
- Exp. Date: _____
- Date completed: _____
- Where?: _____

I certify that the information provided above is accurate and correct:

(signature): _____ Date: _____

please complete the form, print, sign and mail or deliver to:
James Zuetell, KC7KBS PO Box 15624, Seattle, WA.. 98115-5624
OR – download form, complete on-line and E-mail to: jzuetell@comcast.net