

Central Coast CERT Association

MEMBERSHIP APPLICATION FORM

Annual Membership Dues \$20.00

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Name of CERT Organization or Group: _____

Name of sponsoring agency: _____

Please explain any disaster-related training or experience you have:

Are you a licensed amateur radio operator? _____ Call Sign: _____ Class:

Do you hold any special licenses or certificates? _____ if yes please list
them:

Please provide your email address to receive CERT News and event information:

For more Information call (831)277-1630 or 383-3135

Please Send This Form to:

Central Coast Cert Assn.
PO Box 733
Marina, Ca 93933