



**RADIO RELAY INTERNATIONAL
MENTOR APPLICATION**
(Open to all RRI Registered Radio Operators)

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Modes: CW _____ SSB: _____ DTN: _____ Other: _____

Nets on which currently active (net name, frequency, days, times in local and UTC):

Net 1: _____

Net 2: _____

Net 3: _____

Net 4: _____

EMCOMM group with which registered: _____

MARS: Yes _____ No: _____ RRI Registered Radio Operator: Yes: _____ No: _____

Note: If not an RRI Registered Radio Operator, please submit the registration form as well.

Additional Background: _____

Mail to:

Radio Relay International
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