

SKYWARN SPOTTER INFORMATION

Check one:

Current member Past (can no longer participate) Trained/interested (but not registered)

Spotter # (if known) _____ Island _____

Name _____

Home Address _____

Mailing Address _____
(if different from above) _____

Latitude/Longitude (if known) _____ °N _____ °W

Elevation (if known) _____ ft

Brief explanation of location (valley, ridge, near a stream...) _____

Phone(s):

Hours we may call:

Home _____

Cell _____

Work _____

Email _____

If you are a licensed amateur radio operator:

HAM Call Sign _____ Class of License _____

Weather equipment owned _____

Date and Location of last SKYWARN training _____

The information you provide will be kept confidential and is for the sole use of the National Weather Service/SKYWARN program only