

Squad _____

Membership Roster

Date: _____

Please fill in the information requested below. This information will allow us to better serve our members with timely and accurate communications through the ReadyOps System.

Member Name: _____ Email: _____

Cell PH: _____ Textable: Yes or No Home PH: _____ Work PH: _____

Address _____ City: _____ State: _____ Zip: _____

Member Name: _____ Email: _____

Cell PH: _____ Textable: Yes or No Home PH: _____ Work PH: _____

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