

REACT Team Membership Application Form



Please **TYPE** or **PRINT** neatly on this Membership Application.

(All fields should be filled in, or marked N/A if not applicable.)

Personal Information: <i>This information is required. Please fill in all fields, or mark N/A if not applicable.</i>					
Name (Last Name, First Name, Middle Initial)					Age
Address :		Apt # (if applicable)		E-Mail Address:	
City:		State:		Zip:	
Home Phone	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Work Phone	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Pager / Cell Phone	<input type="checkbox"/> Pager <input type="checkbox"/> Cell
Birth Date (Month, Day, Year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Children # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spouse's Name (if married) & Call Sign (if applicable)			Children's Names		Age(s)

Radio Information:

Since REACT is a radio oriented organization it is important for us to know what radio licenses you have and what class or restrictions such license offers. We also need to know if you are a registered ARRL member, info we can use to determine if we qualify as an "ARRL special services club" as well as being a REACT Team. Renewal Date below refers to the time which you will need to file for renewal of your current license or ARRL membership (if applicable).

Licensed GMRs: Yes No If Yes, Call Sign: _____ Renewal Date: ____/____/____

Licensed Amateur: Yes No If Yes, Call Sign: _____ Class: _____ Renewal Date: ____/____/____

ARRL Member: Yes No If Yes, Renewal Date: ____/____/____

Many of our events which we work, often provide items such as T-Shirts to the volunteers who work the event. While we prefer that our members wear their uniform shirts rather than these T-Shirts during the event, we still need to know your preferred T-Shirt Size to help us notify any event sponsors how many of which size shirts we may need them to provide. Please indicate below, your **preferred t-shirt size**. {You may change it later if you wish.}

- Small Medium Large XL 2XL 3XL 4X-Large Other _____



Personal Skills / Training / Hobbies:

REACT members come from a wide variety of backgrounds and experiences. It is extremely helpful to the REACT Board of Directors to be aware of any special skills, training, or hobbies that may be of use to the team. This includes also such things as radio electronics, communications, computer programming or repair, special drivers licenses, medical training, disaster training or experience. The list is endless. **Failure to supply this information will not affect your application for membership.**

Other Organizations involved with:

Due to the multitude of other agencies or organizations that REACT works closely with, it is important for us to know what other organizations, clubs, etc. that you may currently belong to. No member is expected to be 100% available. There will always be times when your family, church, employment, or other obligations may take priority over REACT Team meetings or activities.

Name	Purpose of organization	Your Position/Connection
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Personal References:

REACT membership carries responsibility. Our members must be able to work closely with law enforcement officers and the general public in a position of trust and responsibility. This is why we request three (3) non-family personal references.

Name	Address or Contact Phone Number	Relation
Name	Address or Contact Phone Number	Relation
Name	Address or Contact Phone Number	Relation

Reason(s) for wanting to become a member:

Briefly state why you wish to be a REACT member.

Disclosure and Membership Agreement Notice:

The information contained on this Membership Application will remain confidential, and will not be released outside of REACT without your permission, other than for use in official Team rosters or registration, and/or for insurance purposes. If you are a licensed radio operator (either Amateur or GMRS), you must supply a copy of your license with this application.

In the event of acceptance, you agree to follow the rules and regulations outlined in the Team's bylaws (as may be ammended by the membership), and will conduct yourself in such a manner as to not reflect unfavorably upon the REACT Team or your fellow team members..

You certify that all answers given on this application are true to the best of your knowledge. You understand that this application is not an application for employment, and is not a contract of membership. Acceptance is dependent upon a vote by the current board / team membership in accordance with the procedure outlined in the current team bylaws. Simply completing the application does not guarantee membership acceptance.

Annual Dues are paid to REACT International to cover cost of membership registration. Annual Dues Rate subject to change from year to year as set by the REACT International Board.

DUES: Annual REACT International dues:	\$ _____
Local Team dues:	\$ _____
Total to be submitted with application:	\$ _____

Signature of Applicant

Date
