



REACT International, Inc.

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| |
|-------------|
| TEAM NUMBER |
| TEAM NAME |

NEW MEMBER REGISTRATION FORM

This form should be filled out by a Team Officer. One form per new member. Please complete all information below and on the reverse side. Item's listed with bold print are required and must be filled in. Items listed with a tinted background will be printed on the **REACT** International ID card. Any Yes /No items that print on the ID card will default to 'NO' if it is left blank on this form. Once all new members are completed, you must also complete a Team Dues Calculation Form and attach all New Member Registration Forms that apply to this submission. Once all forms are completed, mail to **REACT** International at the address listed above. If this is an Affiliate member not joining a team, please write "AFFILIATE" in the team number box above and leave team name blank.

| | | | | | | |
|----------------------------------|-------------------------------------|-------------------------------------|--|---------------------------------|---|---|
| MEMBERSHIP TYPE | | | | | | |
| <input type="checkbox"/> REGULAR | <input type="checkbox"/> 1st FAMILY | <input type="checkbox"/> 2nd FAMILY | <input type="checkbox"/> EXTENDED FAMILY | <input type="checkbox"/> JUNIOR | <input type="checkbox"/> LIFE MEMBER (LIFEID #: ____) | <input type="checkbox"/> PROFESSIONAL BUSINESS <input type="checkbox"/> AFFILIATE |

| | | | | |
|-------------|------------------|------------------|---------------|--|
| LAST NAME | FIRST NAME | MI | DATE OF BIRTH | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| ADDRESS | | ADDRESS (LINE 2) | | |
| CITY / TOWN | STATE / PROVINCE | POSTAL CODE | COUNTRY | |
| HOME PHONE | CELL PHONE | EMAIL ADDRESS | | |
| SKYPE 1 | SKYPE 2 | TWITTER | | |

| | | | |
|---------------|-------------------|--|---|
| LOCAL TEAM ID | LOCAL TEAM UNIT # | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO | NATURALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---------------|-------------------|--|---|

| | | | | | | |
|--|--|--|--|--|--|--|
| IS-100.a <input type="checkbox"/> YES <input type="checkbox"/> NO | IS-200.a <input type="checkbox"/> YES <input type="checkbox"/> NO | IS-300 <input type="checkbox"/> YES <input type="checkbox"/> NO | IS-400 <input type="checkbox"/> YES <input type="checkbox"/> NO | IS-700.a <input type="checkbox"/> YES <input type="checkbox"/> NO | IS-800.b <input type="checkbox"/> YES <input type="checkbox"/> NO | IS-802 <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SEE REVERSE SIDE FOR ADDITIONAL FEMA COURSE LISTINGS | | | | | | |

| | | | | | |
|--|---|---|---|---|---|
| REACT EMCOMM <input type="checkbox"/> YES <input type="checkbox"/> NO | KENTUCKY EMCOMM <input type="checkbox"/> YES <input type="checkbox"/> NO | COLORADO EMCOMM <input type="checkbox"/> YES <input type="checkbox"/> NO | ARECC LEVEL 1 <input type="checkbox"/> YES <input type="checkbox"/> NO | ARECC LEVEL 2 <input type="checkbox"/> YES <input type="checkbox"/> NO | ARRL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO |
| BASIC CERT <input type="checkbox"/> YES <input type="checkbox"/> NO | ADVANCED CERT <input type="checkbox"/> YES <input type="checkbox"/> NO | | BASIC SKY WARN <input type="checkbox"/> YES <input type="checkbox"/> NO | ADVANCED SKY WARN <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| FIRST AID <input type="checkbox"/> YES <input type="checkbox"/> NO | FIRST RESPONDER <input type="checkbox"/> YES <input type="checkbox"/> NO | EMT - BASIC <input type="checkbox"/> YES <input type="checkbox"/> NO | EMT - PARAMEDIC <input type="checkbox"/> YES <input type="checkbox"/> NO | CPR <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| COMMUNICATIONS CAPABILITIES | | |
|-----------------------------|------------------|---------------|
| GMRCS CALLSIGN | AMATEUR CALLSIGN | AMATEUR CLASS |

| AMATEUR CAPABILITIES | | | | | | |
|----------------------|--|--|--|--|--|----------|
| | 1.2 cm | 70 cm | 2 m | 6 m | HF | COMMENTS |
| BASE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| MOBILE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PORTABLE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| OTHER CAPABILITIES | | | | | | |
|--------------------|--|--|--|--|--|----------|
| | CB | FRS | GMRCS | MARINE | OTHER | COMMENTS |
| BASE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| MOBILE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PORTABLE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| PREVIOUS REACT MEMBERSHIP | | | |
|---------------------------|--------------------|----------------|------------------|
| PREVIOUS TEAM # | PREVIOUS TEAM NAME | REACT INTL ID# | DATES OF SERVICE |

