



REACT International, Inc.

6444 San Fernando Blvd. – Suite 21064, Glendale CA 91201

MAILING ADDRESS

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 Glendale, CA 91221-5164
 Tel (301) 316-2900 Fax (800) 608-9755

2015

Team Number

Team Name

NEW MEMBER REGISTRATION

This form should be filled out by a Team Officer -- one form per new member. Complete all information below and sign on the reverse (2d) side. Items listed with bold print are required and must be filled in. Items with a shaded 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 left blank. Once all new member forms are completed, complete an RI Form 1 (Team Dues Calculation), attach all New Member Registration forms and the appropriate funds, and mail to **REACT** International at the above address. If this is an Affiliate member registration, 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"/> 2d FAMILY	<input type="checkbox"/> EXTENDED FAMILY	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> LIFE (LIFE ID #: <u> </u>)	<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 NUMBER	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
USE REVERSE SIDE TO ENTER ADDITIONAL COURSE COMPLETIONS						

REACT EMCOMM <input type="checkbox"/> YES <input type="checkbox"/> NO BASIC CERT <input type="checkbox"/> YES <input type="checkbox"/> NO FIRST AID <input type="checkbox"/> YES <input type="checkbox"/> NO	KENTUCKY EMCOMM <input type="checkbox"/> YES <input type="checkbox"/> NO ADVANCED CERT <input type="checkbox"/> YES <input type="checkbox"/> NO FIRST RESPONDER <input type="checkbox"/> YES <input type="checkbox"/> NO	COLORADO EM COMM <input type="checkbox"/> YES <input type="checkbox"/> NO ARRL EMCOMM <input type="checkbox"/> YES <input type="checkbox"/> NO EMT - BASIC <input type="checkbox"/> YES <input type="checkbox"/> NO	ARECC LEVEL 1 <input type="checkbox"/> YES <input type="checkbox"/> NO BASIC SKYWARN <input type="checkbox"/> YES <input type="checkbox"/> NO EMT - PARAMEDIC <input type="checkbox"/> YES <input type="checkbox"/> NO	ARECC LEVEL 2 <input type="checkbox"/> YES <input type="checkbox"/> NO ADVANCED SKYWARN <input type="checkbox"/> YES <input type="checkbox"/> NO CPR <input type="checkbox"/> YES <input type="checkbox"/> NO	ARRL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMUNICATIONS LICENSES		
GMRS CALL SIGN	AMATEUR CALL SIGN	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	GMRS	MAR INE	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 NUMBER	PREVIOUS TEAM NAME	REACT INT'L ID NUMBER	DATES OF SERVICE

