



**REACT** International, Inc.

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**MAILING ADDRESS**

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**NEW MEMBER REGISTRATION**

This form should be filled out by a Team Officer – one form per new member. Complete all information below, sign, and date then submit along with all dues and fees to **REACT** Headquarters. Items listed in **BOLD** are required and must be filled in. Items that follow with an \* will be printed on the Membership ID Card.

**Membership Type**

- REGULAR
- 1<sup>st</sup> FAMILY
- 2<sup>nd</sup> FAMILY
- EXTENDED FAMILY
- JUNIOR
- BUSINESS
- LIFE

**Membership Information**

**Team #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  MALE  FEMALE

**Local Team ID\*:** \_\_\_\_\_ **Local Team Number\*:** \_\_\_\_\_

**GMRS Call Sign\*:** \_\_\_\_\_ **Amateur Radio Call Sign\*:** \_\_\_\_\_ **Class\*:** \_\_\_\_\_

**NIMS Training\***

- IS-100
- IS-200
- IS-700
- IS-800

**Other Training**

- Basic CERT\*
- Adv CERT\*
- Basic SKYWARN\*
- Adv SKYWARN\*
- ARECC Level 1\*

**Completed By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_