

SOUTHWESTERN REACT OF SAN DIEGO COUNTY, INC.

Membership Application



FULL NAME				
ARE YOU OVER 18 YEARS OF AGE? [] Yes []	No* DATE OF BIRTH:		(Optional)	
Home Address:	City	State	eZip	
Mailing Address	City	State	eZip	
Phone Number: (Home)	_(Work)	(Cel	II	
Check Phone Numbers To Be Included In Team Ros	ter: [] Home	[] Work	[}Cell	
RADIO LICENSES: Amateur (Class, Call Sign, Expirat	tion)			
GMRS (Call Sign, Expiration)				
Are you a member of the ARRL?				
DRIVER'S LICENSE: StateClass	Numb	er	Expires	
OCCUPATION	E-MAIL ADDRESS			
Emergency Contact (Name, Phone, Relationship)_				
ARE YOU A RETURNING REACT MEMBER? Yes [] No[]			
If Yes, enter former team and member number:				
TRAINING: When Supplied, This Information Will Be	e Printed On The ID Card. (Check all that a	oply)	
FEMA/ICS/NIMS: IS-100 [] IS-200 [] IS-700	[] IS-800 [] Other: (CERT[] SkyV	Varn [] EmComm []	
I understand that if this application is accepted, I will membership in Southwestern REACT. This period tions of the team and the REACT program.	-	•	2 2	
I HEREBY AGREE TO ASSIST IN TEAM FUNCTIONS VOLUNTEER.	S AND ACTIVITIES AND FO	LLOW REACT P	OLICIES AND PROCEDURES AS A	
APPLICANT SIGNATURE			Date	
* Parent or Guardian Name and Signature if Applic	ant is under age 18:			
			Date	
DO NOT WR	ITE BELOW THIS LINE (Tean	n Use Only)		
DUES PAID:	D	Date Received:		
Orientation Period Started:	Ends:		Jnit Number Assigned:	
ACTIONS: Board Recommendation		[Date	
Team Approval			Date	
Full Membership			Date:	

Southwestern REACT of San Diego County, Inc., P.O. Box 19989, San Diego, CA 92159-0989