

## 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	<u>Zip</u>	
Phone Number: (Home)	(Work)	(Cel	IL	
Check Phone Numbers To Be Included In Team F	Roster: [ ] Home	[ ]Work	[ }Cell	
RADIO LICENSES: Amateur (Class, Call Sign, Exp	iration)			
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 Wil	I Be Printed On The ID Card. (	Check all that ar	oply)	
FEMA/ICS/NIMS: IS-100 [ ] IS-200 [ ] IS-7	oo [ ] IS-800 [ ] Other:	CERT[ ] SkyV	Varn [ ] EmComm [ ]	
I understand that if this application is accepted full membership in Southwestern REACT. This potentions of the team and the REACT program.	•	•		
I HEREBY AGREE TO ASSIST IN TEAM FUNCTIO VOLUNTEER.	NS AND ACTIVITIES AND FO	LLOW REACT P	OLICIES AND PROCEDURES AS A	
APPLICANT SIGNATURE			Date	
* Parent or Guardian Name and Signature if App	olicant is under age 18:			
			Date	
DO NOT V	VRITE BELOW THIS LINE (Tear	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 632955, San Diego, CA 92163-2955