



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
- 1st FAMILY
- 2nd 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:** _____