



REACT International, Inc.

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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:** _____