



REACT International, Inc.

TEAM NUMBER	C-057
TEAM NAME	Blackberry REACT

Blackberry REACT • 650-336-8227 • 650-326-0958 [F] • blackberryreact@usa.com

NEW MEMBER REGISTRATION FORM (US, Canada, Puerto Rico)

This form should be filled out by a Team Officer. One form per new member. Please complete all information below and on the reverse side. Items listed with bold print are required and must be filled in. Items listed with a tinted background will be printed on the REACT International ID card. Any Yes/No items that print on the ID card will default to 'NO' if it is left blank on this form. Once all new members are completed, you must also complete an International Team Dues Calculation Form and attach all New Member Registration Forms that apply to this submission. Once all forms are completed, mail to REACT International at the address listed above. If this is an Affiliate member not joining a team, please write "AFFILIATE" in the team number box above and leave team name blank.

MEMBERSHIP TYPE									
<input type="checkbox"/> REGULAR	<input type="checkbox"/> 1st FAMILY	<input type="checkbox"/> 2nd FAMILY	<input type="checkbox"/> EXTENDED FAMILY	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> LIFE MEMBER (LIFE ID #:_)	<input type="checkbox"/> PROFESSIONAL BUSINESS	<input type="checkbox"/> AFFILIATE		

Dues for 2012: Regular = \$30.00, 1st. Family = \$25.00, 2nd. Family = \$15.00, Junior = \$25.00, Life Members = Prepaid, Professional Business = \$60.00, Affiliate = \$45.00.

Please return to: Blackberry REACT, PO Box 1491, Mountain View CA 94042-1491

LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS				ADDRESS (LINE 2)		
CITY / TOWN			STATE / PROVINCE	POSTAL CODE	COUNTRY	
HOME PHONE	CELL PHONE		EMAIL ADDRESS			
SKYPE 1		SKYPE 2		TWITTER		

LOCAL TEAM ID C-057	LOCAL TEAM UNIT #	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	NATURALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO		
DRIVERS LICENSE #	LICENSE STATE	LICENSE CLASS	LICENSE EXPIRES	AUTO LIABILITY INS. <input type="checkbox"/> YES <input type="checkbox"/> NO	COVERAGE <input type="checkbox"/> FULL <input type="checkbox"/> BASIC

IS-100.a <input type="checkbox"/> YES <input type="checkbox"/> NO	IS-200.a <input type="checkbox"/> YES <input type="checkbox"/> NO	IS-300 <input type="checkbox"/> YES <input type="checkbox"/> NO	IS-400 <input type="checkbox"/> YES <input type="checkbox"/> NO	IS-700.a <input type="checkbox"/> YES <input type="checkbox"/> NO	IS-800.b <input type="checkbox"/> YES <input type="checkbox"/> NO	IS-802 <input type="checkbox"/> YES <input type="checkbox"/> NO
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SEE REVERSE SIDE FOR ADDITIONAL FEMA COURSE LISTINGS

REACT EMCOMM <input type="checkbox"/> YES <input type="checkbox"/> NO					ARRL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
BASIC CERT <input type="checkbox"/> YES <input type="checkbox"/> NO	ADVANCED CERT <input type="checkbox"/> YES <input type="checkbox"/> NO			BASIC SKYWARN <input type="checkbox"/> YES <input type="checkbox"/> NO	ADVANCED SKYWARN <input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST AID <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRST RESPONDER <input type="checkbox"/> YES <input type="checkbox"/> NO	EMT - BASIC <input type="checkbox"/> YES <input type="checkbox"/> NO	EMT - PARAMEDIC <input type="checkbox"/> YES <input type="checkbox"/> NO	CPR <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMMUNICATIONS CAPABILITIES

GMRS CALLSIGN	AMATEUR CALLSIGN		AMATEUR CLASS			
AMATEUR CAPABILITIES						
	1.2 cm	440	2 m	6 m	HF	COMMENTS
BASE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MOBILE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PORTABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER CAPABILITIES						
	CB	FRS	GMRS	MARINE	OTHER	COMMENTS
BASE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MOBILE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PORTABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PREVIOUS REACT MEMBERSHIP

PREVIOUS TEAM #	PREVIOUS TEAM NAME	REACT INT'L ID #	DATES OF SERVICE
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