



Blackberry REACT, Incorporated

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MEMBERSHIP APPLICATION

Unit No: _____

Please print. Fill in as much information as you can.

Information is used for FCC licensing submission and so Blackberry can better utilize all of its assets in time of emergency.

NAME: _____ DATE: _____
 STREET: _____ DoB: _____
 CITY: _____ ZIP+4: _____
 PHONE 1: _____ PHONE 2: _____
 e-mail: _____ web site: _____
 OCCUPATION: _____ COMPANY: _____
 PHONE W: _____ PHONE F: _____
 CALL SIGN: MRS: _____ Amateur: _____

OPTIONAL INFORMATION:

_____ Drivers License: (CA) _____
 Name of Spouse: _____ DoB _____ Use Radio (Y/N)
 Name of Child: _____ DoB _____ Use Radio (Y/N)
 Name of Child: _____ DoB _____ Use Radio (Y/N)
 Name of Child: _____ DoB _____ Use Radio (Y/N)
 Name of Child: _____ DoB _____ Use Radio (Y/N)

Summary of communication experience: _____

Summary of applicable or related training: _____

Equipment available (make, type, radios, computers, fax, etc.): _____

Approximate days you can monitor: (Mon-Sun) _____ Time: _____ AM _____ PM

DUES: Current REACT International dues, which is **not** refundable, plus one-dollar per month for Blackberry REACT. Year runs from January through December.

Make checks payable to **Blackberry REACT**.

MEMBERSHIP ACCEPTANCE POLICY: New members may have up to a three month training period during which their monitoring and radio skills will be evaluated. During this period, the *Associate Member* shall attend at least two of the monthly meetings and two events that the team is participating in and monitor as an independent monitor, unless other arrangements have been mutually approved.

DATE SUBMITTED: _____ CHECK NUMBER: AMOUNT: \$____.00