



# Harris / Galveston County REACT Team #6272

## Membership Application Form

https://www.hgreact.org

https://www.hgreact.org

|  |   |             |   |                         |                               |                       |         |
|--|---|-------------|---|-------------------------|-------------------------------|-----------------------|---------|
| PERSONAL INFORMATION   | *First Name:  |             | *Middle Name:   |                         | *Last Name:                   |                       |         |
|  | *Mailing Address:   |             |   | Apt:                    | City:                         | State:                | County: |
|  | *Phone #:   |             | *Email:   |                         | *Date of Birth:               |                       |         |
|  | *Driver License / ID Card #:  |             | *Issuing State:   |                         | *Vehicle Year / Make / Model: |                       |         |
|  | *Employers Name:  |             |   | *Job Title:             |                               | *Time at Current Job: |         |
|  | *Have you ever been convicted of any felony in the last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes  |             |   |                         |                               |                       |         |
|  | *Have you ever been convicted of any misdemeanor in the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes  |             |   |                         |                               |                       |         |
|  | *Is there any current pending charges of a felony or misdemeanors? <input type="checkbox"/> No <input type="checkbox"/> Yes   |             |   |                         |                               |                       |         |
|  | Amateur Call Sign:  |             | Amateur Class:  |                         | GMRS Call Sign:               |                       |         |
|  | Do you have a Base Station? <input type="checkbox"/> CB <input type="checkbox"/> GMRS <input type="checkbox"/> MURS<br><input type="checkbox"/> Amateur HF <input type="checkbox"/> Amateur VHF <input type="checkbox"/> Amateur UHF<br><input type="checkbox"/> Amateur Digital <input type="checkbox"/> Plain Old Telephone (wire line)   |             |   |                         |                               |                       |         |
| Do you have a Mobile Radio? <input type="checkbox"/> CB <input type="checkbox"/> GMRS <input type="checkbox"/> MURS<br><input type="checkbox"/> Amateur HF <input type="checkbox"/> Amateur VHF <input type="checkbox"/> Amateur UHF<br><input type="checkbox"/> Amateur Digital <input type="checkbox"/> Public Safety (not a scanner)  |   |             |   |                         |                               |                       |         |
| Do you have a Hand-held Radio? <input type="checkbox"/> CB <input type="checkbox"/> GMRS <input type="checkbox"/> MURS<br><input type="checkbox"/> Amateur HF <input type="checkbox"/> Amateur VHF <input type="checkbox"/> Amateur UHF<br><input type="checkbox"/> Amateur Digital <input type="checkbox"/> Public Safety (not a scanner) <input type="checkbox"/> Cellular Phone |   |             |   |                         |                               |                       |         |
| TRAINING   | Current Training (non-required to join)<br>REACT International: <input type="checkbox"/> All modules <input type="checkbox"/> Some (Please List: _____)<br>National Incident Management System: <input type="checkbox"/> ICS-100 <input type="checkbox"/> ICS-200 <input type="checkbox"/> ICS-700 <input type="checkbox"/> ICS-800 <input type="checkbox"/> ICS-300 <input type="checkbox"/> ICS-400<br>Community Emergency Response Team: <input type="checkbox"/> Basic CERT <input type="checkbox"/> Advanced CERT<br>Auxiliary Communications: <input type="checkbox"/> Auxcomm<br>National Weather Service: <input type="checkbox"/> Basic Skywarn <input type="checkbox"/> Advanced Skywarn<br>Emergency Medical Training: <input type="checkbox"/> Basic CPR/AED/First Aid (Red Cross / AHA) <input type="checkbox"/> Healthcare Provider CPR/AED/First Aid (AHA) |             |   |                         |                               |                       |         |
|  | Do you have any allergies (including food)? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If Yes, List allergies: _____   |             |   |                         |                               |                       |         |
| MEDICAL  | Do you have any chronic illness or a physical handicap? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If Yes, Explain: _____  |             |   |                         |                               |                       |         |
|  | Are you willing to donate blood? <input type="checkbox"/> Yes <input type="checkbox"/> No   |             |   | Blood Type (if known):  |                               |                       |         |
|  | *Doctor's Name:   |             |   | *Doctor's Phone Number: |                               |                       |         |
| EMERGENCY CONTACTS   | *Emergency Contacts (1) (Required):   |             |   |                         |                               |                       |         |
|  | *First Name:  |             | *Last Name:   |                         | *Phone #:                     |                       |         |
|  | *Mailing Address:   |             |   | Apt:                    | City:                         | State:                | County: |
|  | *Emergency Contacts (2) (Required):   |             |   |                         |                               |                       |         |
|  | *First Name:  |             | *Last Name:   |                         | *Phone #:                     |                       |         |
|  | *Mailing Address:   |             |   | Apt:                    | City:                         | State:                | County: |
| *Emergency Contacts (3) (optional):  |   |             |   |                         |                               |                       |         |
| *First Name:   |   | *Last Name: |   | *Phone #:               |                               |                       |         |
| *Mailing Address:  |   |             | Apt:  | City:                   | State:                        | County:               |         |
| OTHER  | Do you belong to any other club or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No   |             | If Yes, list the club or organization: _____            |                         |                               |                       |         |
|  | Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No  |             | If Yes, list the Branch, Rank, and duties: _____        |                         |                               |                       |         |
|  | Have you ever previously been a member of a REACT team? <input type="checkbox"/> Yes <input type="checkbox"/> No  |             | If Yes, list prior team # and reason for leaving: _____ |                         |                               |                       |         |
|  | Were you recommended by a member of this REACT team? <input type="checkbox"/> Yes <input type="checkbox"/> No   |             | If Yes, list who recommended you: _____                 |                         |                               |                       |         |
| DECLARATION  | I do hereby agree to abide by all rules and regulations set forth in the monitoring guide and the constitution and Bylaws of Harris/Galveston County REACT Team #6272, Inc. I understand that upon my voluntary resignation of dismissal for any cause from this organization I will be obligated to return to the organization, within seven (7) days, all and any items which are the property of the organization, including but not limited to those which bear any officially recognized REACT International or Harris/Galveston County REACT Team identification  |             |   |                         |                               |                       |         |
|  | I do hereby agree to all provision of the application and attest that all information contained herein is true and correct.   |             |   |                         |                               |                       |         |
| Signature: _____   |   |             | Date: _____   |                         |                               |                       |         |

FOR OFFICAL USE ONLY

|   |                                   |
|---|-----------------------------------|
| Board Recommendation: <input type="checkbox"/> Accept <input type="checkbox"/> Rejected | Board Chairman's Signature: _____ |
| *Reason for rejection: _____  |                                   |



Membership Application Form

T-SHIRT ORDER FORM:

|  |
|--|
| <p>Harris / Galveston County REACT<br/>T-Shirt Order Form</p> <p>Name: _____</p> <p>Size: <input type="checkbox"/> Youth <input type="checkbox"/> Small <input type="checkbox"/> Medium<br/> <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X<br/> (Replacement T-Shirts are \$20.00)</p> |
|--|

HOW TO PAY:

|                                   |  |
|-----------------------------------|--|
| <p>In-person<br/>Cash / Check</p> | <p>On-line<br/>PayPal or venmo<br/><a href="https://www.hgreact.org">https://www.hgreact.org</a></p> |
|-----------------------------------|--|

MEMBERSHIP DUES:

|                           |                                       |                                   |                           |                           |
|---------------------------|---------------------------------------|-----------------------------------|---------------------------|---------------------------|
| Annual<br>Member<br>Dues* | 2 <sup>nd</sup><br>Family**<br>Member | Additional<br>Family**<br>Members | Junior<br>Member<br>11-17 | Life<br>Time***<br>Member |
| \$65.00                   | (+) \$60.00                           | (+) \$50.00                       | \$60.00                   | \$300.00                  |

\* All fees paid includes a Team T-Shirt, ID Badge, and Liability Insurance.

\*\* All family members must live at the same address.

\*\*\* Life Time Members, if active still have to pay for T-Shirts (\$20.00) and Liability Insurance (\$10.00) Annually.

Annual Dues are to be paid in January of each year.  
If paid before December 25 will receive a \$5 early bird discount.

Please Contact [info@hgreact.org](mailto:info@hgreact.org) if you have any question about membership qualifications or dues.