

Instructions

Using Adobe Reader, you can complete this form right from your PC. Once you have filled in all information please review it for accuracy print the entire application, sign, date and mail to:

Tri-State Emergency Comm. – REACT
22 Somerset Place
Clifton, NJ 07012
Attn: Membership

If you would prefer you can come to our monthly meeting and deliver your application in person at our next monthly meeting.

Once received the application will be reviewed by the Board of Directors and presented to the membership for a vote at the next scheduled meeting. Once this process is completed you will be notified of the outcome via e-mail or USPS mail.

NOTE: If your application is approved you will be required to pay your membership dues (currently \$32.00) at the next monthly meeting.

For meeting times and information you can visit our site at <http://www.tecnj.org> or <http://firecanteen.org> you can also call us at 973-249-3999.

Tri-State Emergency Communications - *REACT*

A Non-Profit Public Service Organization



MEMBERSHIP APPLICATION

Tri State Emergency Communications is a not for profit organization, with all volunteer members and associated with REACT International. All dues and many expenses of members are tax deductible.

Membership is open to all interested persons who complete this application, pay the specified dues, and meet the requirements of membership, as specified in the Team's bylaws and or corporate charter.

There is no requirement (condition of membership) for applicants or members to hold any special radio license, although many members have obtained Amateur, GMRS, and other licenses in order to further their personal abilities to communicate.

Tri-State Emergency Communication's Board of Directors, and officers involved in the membership process will keep the information that you provide on this application confidential. This application form becomes the property of Tri-State Emergency Communications and will not be returned except as provided in the Team's bylaws. Willful falsification of information on this application will be reasonable grounds for termination of membership. All new members are on an automatic 90-day probationary period. A copy of Tri-State's team rules are made available upon applying and Team bylaws will be made available upon request. The minimum age to join Tri-State Emergency Communications is 16 years of age with parental consent required for junior members and 18 years of age for adult members. There is no maximum age limit to membership. Tri-State Emergency Communications dose not discriminate based upon age, sex, religion, ethnic origin or sexual orientation.

Name:

Unit #: (Applicant Leave Blank)

Please TYPE or Print neatly on this Membership Application
(all fields should be filled in or marked N/A if not applicable)

Personal Information: <i>This information is required. Please fill in all fields or mark N/A if not applicable.</i>					
Name (Last Name, First Name, Middle Initial)				Social Security Number	Age
Address:			Apt # (if applicable)	E-mail Address (if available)	
City:			State	Zip	
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Work Phone:		Pager/Alternate Phone:	<input type="checkbox"/> Voice <input type="checkbox"/> Digital
Birth Date (Month/Day/Year)		Sex	Marital Status		Children
Spouse's Name (if married)			Children's Names		
Drivers License and Vehicle Insurance Information: As many of our official Team activities may require driving your personal vehicle, or may require you to drive a team owned vehicle, it is necessary for us to ask you for this information. <i>Failure to supply this information will not affect your application for membership.</i>					
Drivers License #		State:	Endorsements:	Expires:	
Insurance Company/Agent Name:			Policy Type: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Liability Only	Renewal Date:	
Phone #					
Vehicle #1 Information			Vehicle #2 Information		
Make:	Year:	Make:	Year:		
Model:	Color:	Model:	Color:		
4X4 <input type="checkbox"/> Yes <input type="checkbox"/> No	Plate #	4X4 <input type="checkbox"/> Yes <input type="checkbox"/> No	Plate #		
Employment Information: It is Tri-State Emergency Communications policy not to release work locations or phone numbers without the prior permission of members involved. However it is of benefit to Tri-State to be aware of where our members are employed, to avoid cases of conflict of interest, or accidentally jeopardizing a member's job. <i>Failure to supply this information will not affect your application for membership.</i>					
Place of Employment:			Position/Duties		
Address:			Type of Service Employer Provides /Sells		
City:			State	Zip	
Radio Information: Tri-State Emergency Communications and REACT are radio oriented organizations, it is important for us to know what radio background you might have, and what radio equipment you have access to. <i>Failure to supply this information will not affect your application for membership. Radio experience is not a requirement for membership.</i>					
Citizens Band (CB) Radio:		Base Units:	Mobile Units:	Portable Units:	
Licensed Amateur: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Call Sign:	Class:	Exp. Date:		
Licensed GMRS: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Call Sign:	Exp. Date:			
Other Organizations involved with: Due to the multitude of other agencies or organizations that Tri-State and REACT work closely with, it is important for us to know what other organizations, clubs etc. that you might currently belong to. This information will enable us to determine the amount of time you may be able to contribute to Tri-State in time of emergency. For example belonging to a Volunteer Fire Department may conflict if Tri-State is called out to help with the fire. Your duties with the VFD may take priority over those in Tri-State thus making you unavailable at times. No member is expected to be 100% available. There will always be time when your family, church, employment, or other obligations may take priority over Tri-State Team meeting or activities.					
Name:		Purpose of Organization:		Relation:	
Name:		Purpose of Organization:		Relation:	
Name:		Purpose of Organization:		Relation:	

Personal References:

Tri- State Emergency Communications and REACT membership carries a heavy responsibility. Our members must be able to work closely with law enforcement officers and the general public in positions of trust and responsibility. This is the reason for requiring three (3) non-family character references. *Failure to supply this information will result in a rejection of this application for membership.*

Name: Address or Contact Phone Number: Relation:

Name: Address or Contact Phone Number: Relation:

Name: Address or Contact Phone Number: Relation:

Reason (s) for wanting to become a member:

Briefly state why you wish to be a member of Tri-State and or REACT. *Failure to supply this information will result in rejection of this application for membership.*

Personal Skills/Training /Hobbies:

REACT members come from a wide variety of backgrounds and experience. It is extremely helpful to the Tri-State Board of Directors to be aware of any special skills, training, or hobbies that may be of use to the team. This includes such things as radio electronics, communications computer programming or repair, special drivers licenses, medical training, disaster training or experience. *The list is endless. Failure to supply this information will not affect your application for membership.*

Disclosure and Membership Agreement Notice:

The information contained on this Membership Application will remain confidential, and will not be released outside of the Board of Directors or the Officers involved in the membership process without your express permission, other than for use in official team roster or registration, and/or for insurance purposes.

By signing this application, you are giving the Tri-State Board of Directors explicit permission to conduct a background check with local law enforcement agencies (at Tri-States expense). No medical exams are required. The results of any such investigation may become a part of this application.

If you are holding a valid radio operators license (either Amateur or GMRS) you must supply a copy of it with this application.

In the event of acceptance, you agree to follow the rules and regulations outlined in the Team's bylaws (as may be amended by the membership), and will conduct yourself in such a manner as to not reflect unfavorably upon Tri-State or its affiliated organizations.

There is optional Accidental insurance available through REACT International for a premium of \$2.00 (two dollars) per person per year. The policy only covers accidents that occur during official Team scheduled activities or meetings, and only applies to anything not covered by any primary coverage you may already have. In order to be applicable for Team insurance coverage you must join as a full member (both Team & React). Associate and Team only members are not eligible for REACT sponsored insurance coverage.

You certify that all answers given on this application are true to the best of your knowledge. You understand that this is not an application for employment, and it is not a contract of membership. Acceptance is dependant upon an affirmative vote by the current membership at a regular membership meeting

Signature of Applicant: Date: Signature of Sponsor and Unit number: Date:

Dues:

Annual Team Dues:	Annual REACT Dues:	Optional Accident Insurance:	Total Submitted:	Check, MO, or Cash Receipt #
\$	\$	\$	\$	

