

**Lake County Illinois RACES/ARES®
2017 Membership Application**

\$25 Individual Membership or \$10 Additional Family Membership (each person must complete a separate application)

Will pay by PayPal or

Make Check payable to **Lake County RACES/ARES** and mail to **Attn: Secretary, LCRA, 1303 N. Milwaukee Ave., Libertyville, IL 60048**

Don't forget to sign oath. Include a copy of your current FCC license if newly renewed.

Name	Callsign	Date of Birth (M/D/YYYY)
Address	Class	Place of Birth
City	Expires (M/D/YYYY)	Color Eyes Color Hair
County	State	Zip Code
Home Phone Number Can call in Emergency <input type="checkbox"/> Yes		ARRL Membership #
Work Phone Number Can call in Emergency <input type="checkbox"/> Yes		Lake County Spotter #
Cell Phone Number Can call in Emergency <input type="checkbox"/> Yes		NWS Advanced Spotter # or Year
E-mail Address (Main)		Mobile Text Messaging Address (Num@carrier.xx)
Emergency Contact Name		Do you want to receive group emails <input type="checkbox"/> Yes <input type="checkbox"/> N
		Emergency Contact Number

Special Note:

Which activities would you be interested in participating in? (Check all that apply)

- SKYWARN
 Equipment & Facilities
 Planning
 Events
 Digital
 Membership
 Served Agencies
 Grants & Fund Raising
 Public Relations
 Training & Safety
 VE Testing

Lake County Emergency Management Agency Oath of Allegiance
(Oath required of **All** ESDA/EMA Personnel by Illinois EMA Act of 1992)

I _____, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and the territory, institutions and facilities thereof, both public and private, against all enemies, foreign and domestic; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. And I do further swear (or affirm) that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such time as I am affiliated with the Illinois Emergency Management Agency, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence.

By _____ Date: ____/____/____
Signature of Applicant (oath required for R.A.C.E.S. membership)

For LCRA use: Date Received ____/____/____ Amount Paid \$ _____ Check No. _____ Cash PayPal Verified
Notification Letter Sent ____/____/____ Database Updated ____/____/____