

**Lake County Illinois RACES/ARES®  
2023 Membership Application**

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

Will pay by PayPal (\$26) or

Make Check payable to **Lake County RACES/ARES** and mail to **Attn: Secretary 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

\_\_\_\_\_  
ARRL Membership #

\_\_\_\_\_  
Home Phone Number Can call in Emergency  Yes

\_\_\_\_\_  
Lake County Spotter #

\_\_\_\_\_  
Work Phone Number Can call in Emergency  Yes

\_\_\_\_\_  
NWS Advanced Spotter # or Year

\_\_\_\_\_  
Cell Phone Number Can call in Emergency  Yes

\_\_\_\_\_  
Mobile Text Messaging Address (Num@carrier.xx)

\_\_\_\_\_  
E-mail Address (Main)

Do you want to receive group emails  Yes  N

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
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

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- Do you operate CW ?
- Do you operate VHF?
- Do you have HF emergency-power capability at home?
- Do you have VHF emergency-power capability at home?
- Can you operate HF mobile?
- Can you operate VHF mobile?
- Are you active on digital modes?

**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)

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