



MEMBERSHIP APPLICATION

(Please fully read and fill out the following)

Waterloo Regional
REACT

Waterloo Regional REACT 55 Northfield Drive East, Suite 197 Waterloo, Ontario N2K 3T6	Phone: (519) 658-7580 Website: www.wrreact.com Email: info@wrreact.com
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Type of Member:	<input type="checkbox"/> Full (18+ yrs)
	<input type="checkbox"/> Youth (12-17 yrs)

APPLICANT INFORMATION: <i>Please fill out completely.</i>			
Applicant's Full Name:		Preferred Title: Ms. Mr.	
Permanent Mailing Address:			
City:	Province:	Postal Code:	Home Phone:
Date of Birth:(MM/DD/YYYY):		/	/
Occupation:		Present Employer:	
Address:			
City:	Province:	Postal Code:	Phone #:
Full Name of Emergency Contact Person:		Relationship:	
Emergency Contact Phone:	Home:	Cell / Mobile:	

OTHER INFORMATION: <i>Please fill out completely.</i>	
Email:	Cell Phone Carrier / Provider:
Driver's License #:	Cell:
If necessary can you be called at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List any skills you possess (First-Aid/CPR training, etc.):	
Which organizations, to which you belong to, would take priority over REACT in an emergency?	
Other Interests:	

VEHICLE INFORMATION: <i>If applicable.</i>			
Year:	Make:	Model:	Colour:
License Plate #:		License Class:	

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