

**Lake County Illinois R.A.C.E.S./ARES®  
Membership Application**

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\_\_\_ \$20 Individual Membership or \_\_\_ \$10 Additional Family Membership (each person must complete a separate application)  
\_\_\_ VE Exam Participant (\_\_\_\_\_ VE Staff Initials)  
Make check payable to **Lake County RACES/ARES** and mail to **1303 N Milwaukee Ave., Libertyville, IL 60048**

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<hr/> Name	<hr/> Call Sign	<hr/> Date of Birth (mm/dd/yyyy)
<hr/> Address	<hr/> License Class	<hr/> Place of Birth
<hr/> City	<hr/> License Expires	<hr/> Eye Color (required for County ID)
<hr/> County	<hr/> State	<hr/> Zip Code
		<hr/> Hair Color (required for County ID)

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Primary Phone Number (include area code)

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Secondary Phone Number (Include area code)

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Tertiary Phone Number (Include area code)

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ARRL Membership Number

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Primary Email Address

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**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 of the State of Illinois, and territories, institution and facilities thereof, both public and private, against all enemies, foreign and domestic; that I take this obligation freely, without mental reservations or purpose of evasion; and 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 this State by force or violence; and that during such time as I am affiliated with the Lake County 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 this State by force or violence. I also affirm all of the above information is true and correct.

By \_\_\_\_\_  
Signature of Applicant required for membership

Dated: \_\_\_\_\_

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Would you like to be a member of any of these committees? (Check all that you are interested in)

- |   |                                       |                                     |  |   |
|---|---------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Runs & Races       | <input type="checkbox"/> Hamfests     | <input type="checkbox"/> Field Day  | <input type="checkbox"/> Social Activities | <input type="checkbox"/> VE Testing     |
| <input type="checkbox"/> Newsletter/Website | <input type="checkbox"/> SKYWARN      | <input type="checkbox"/> Equipment  | <input type="checkbox"/> Facilities        | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Public Relations   | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Membership | <input type="checkbox"/> Merchandise       | <input type="checkbox"/> Finance        |
| <input type="checkbox"/> Digital            | <input type="checkbox"/> Training     |                                     |  |   |

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For LCR Use: Date Received: \_\_\_\_\_ Amount Paid: \$\_\_\_\_\_ Check No: \_\_\_\_\_  Cash

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For EMA Use: Date Received: \_\_\_\_\_ Date Checked: \_\_\_\_\_