

**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	_____ ARRL Membership #	
_____ Home Phone Number Can call in Emergency <input type="checkbox"/> Yes		_____ Lake County Spotter #		
_____ Work Phone Number Can call in Emergency <input type="checkbox"/> Yes		_____ NWS Advanced Spotter # or Year		
_____ Cell Phone Number Can call in Emergency <input type="checkbox"/> Yes		_____ Mobile Text Messaging Address (Num@carrier.xx)		
_____ E-mail Address (Main)		Do you want to receive group emails <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 ____/____/____