

10-10 Chapter Application Form

Chapter Name: _____

Chapter Head: Call: _____ 10-10 #- _____ Phone (_____) _____

Name: _____

Street or P O Box _____

City, State, ZIP: _____

Proposed Net Operation: Start Date _____ Mode _____

Calendar Day _____ Time(local) _____ Frequency _____

UTC Day _____ Time(Z) _____

Nearest City to Chapter _____

List the Initial Group by Call, Name, 10-10 # and Expiration Date (enclose a copy of current dues cards)

	Call	Name	10-10 #	Exp. Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Do you plan a certificate program? Yes / No If yes, describe on a separate sheet and enclose a copy of the proposed certificate, list type of printing; quality of paper, etc or enclose a copy. What are the requirements for basic membership?

Do you plan any chapter activities such as newsletter, dinners, public service, etc.? Yes / No If yes, please describe on a separate enclosed sheet.

We will abide by the rules and By-laws of the 10-10 International Net, Inc. and will follow the directions of the Chapter Coordinator. We also agree to report on chapter activities quarterly as provided.

Signed _____ Date _____

Chapter Head

Rev 7-03

submit application to:
Cliff Taylor, K5FBS, #48461
22707 Red Mountain Dr.
Elmendorf, TX 78112-6034