

# 10 -10 Chapter Application Form

Chapter Name: \_\_\_\_\_  
Chapter Head: Call: \_\_\_\_\_ 10-10 #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_  
Street or P O Box: \_\_\_\_\_  
City, State, and ZIP: \_\_\_\_\_  
Proposed Net Operation: Start Date: \_\_\_\_\_ Mode: \_\_\_\_\_  
Calendar Day: \_\_\_\_\_ Time(local): \_\_\_\_\_ Frequency: \_\_\_\_\_  
UTC Day: \_\_\_\_\_ Time(GMT): \_\_\_\_\_  
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

*Submit Application to:*  
**Cliff Taylor, K5FBS, #48461**  
**22707 Red Mountain Dr.**  
**Elmendorf, TX 78112-6034**

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