10 -10 Chapter Application Form

Chapter Na	ame:					
Chapter Head: Call:		10-10 #:	Phone: ()			
Name:	O D					
Street or P	O Box:					
Oily, State,	, and ZIP: _	on: Start Data:	Modo			
Calandar F	nei Operalii Jaw	Time/local):	me(local): Frequency:			
UTC Dav	Jay	Time(local)	n: Start Date:			
Nearest Ci	ty to Chapte	er: ·	(OWT).			
	.,					
List the Initia	al Group by (Call, Name, 10-10 # and Expiration D	ate (enclose a copy of c	urrent dues cards)		
	Call	Name	10-10#	Exp. Date		
1.				<u> </u>		
2.			·			
3.						
4.						
5. 6.						
6. 7.				<u> </u>		
7.						
Do vou pla	n a certifica	te program? Yes / No				
,		, , , , , , , , , , , , , , , , , , ,				
If yes, desc	cribe on a s	eparate sheet and enclose a copy	of the proposed certifi	cate, list type of		
printing; qu	uality of pap	er, etc or enclose a copy. What ar	e the requirements for	basic membership?		
_	_					
, ,	, ,	ter activities such as newsletter, d	inners, public service,	etc.? Yes / No		
If yes, plea	ise describe	on a separate enclosed sheet.				
\Ma will ahi	ide by the ri	ules and By-laws of the 10-10 Inte	rnational Net Inc. and	will follow the		
	•	ter Coordinator. We also agree to	·			
Sianed:			Date:			

Submit Application to:
Charles Dockery #72774
112 S. Rolling Meadows Drive.
Wylie, Texas 75098

Chapter Head

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