



Ten-Ten International Net, Inc.

Application for Lifetime Membership

NAME: _____ 10-10: _____ CALL: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

Check one of the following Life Membership categories, and circle Payment plan

Plan ID Payments	Plan 1	Plan 2		Plan 3			
	1	1	2	1	2	3	4
<input type="checkbox"/> US-Life	\$500	\$260	\$250	\$130	\$130	\$125	\$125
<input type="checkbox"/> DX-Life	\$650	\$335	\$325	\$170	\$170	\$160	\$160
<input type="checkbox"/> US-Senior Life	\$150	\$85	\$75	N/A	N/A	N/A	N/A
<input type="checkbox"/> DX Senior Life	\$200	\$110	\$100	N/A	N/A	N/A	N/A

Plan 1 - Lifetime Membership in 10-10 International Net, Inc. Enclosed is check, money order or charge information in the amount indicated above under Plan 1.

Plan 2 - Lifetime Membership in 10-10 International Net, Inc. on a two payment plan. Enclose the amount indicated above under Plan 2, Payment 1 in the form of a check, money order or charge information. The balance to be paid within one year of this application date.

Plan 3 – **NOT** available for Senior Life membership. Lifetime Membership in 10-10 International Net, Inc. on a four payment plan. Enclose the amount indicated above under Plan 3, Payment 1 in the form of a check, money order or charge information. The second payment is due within six (6) month of this application date. The third payment is due within one year of this application date. The fourth payment is due within 18 month of this application date.

Plan 2 and Plan 3 include a record keeping fee of Ten Dollars (\$10.00). The applicant understands that lifetime membership will not be granted until membership is paid in full.

Email Address for a payment reminder _____

Method of payment(circle one): Check/Money Order Visa MasterCard

_____ DATE : _____

APPLICANTS SIGNATURE:

Account number (please include all numbers on your credit card)

Credit card information will appear on your statement as RSVP Omaha NE.

_____ - _____ - _____ - _____

Expiration Date: _____ - _____ PHONE NUMBER _____

_____ DATE : _____
CARDHOLDERS NAME IF DIFFERENT FROM APPLICANT (Please Print):

_____ DATE : _____
CARDHOLDERS SIGNATURE

Please mail/fax completed application to:

10-10 International Net, Inc, 643 N 98th Street #142, Omaha NE 68114-2342 402-891-2481