

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:
James H Fox, KA0ZPP, #43428
PO Box 135
Mayhill, NM 88339-0135

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