

# 10-10 Digital Award Application

Please print your Name: \_\_\_\_\_ Call: \_\_\_\_\_

Address: \_\_\_\_\_ Ten-Ten #: \_\_\_\_\_

City: \_\_\_\_\_ State or Country: \_\_\_\_\_

Postal Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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*Mail Application To:*

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353 Atlantic Ave.  
Shreveport, LA 71105-2909  
E-mail: [kd5de@nwla.com](mailto:kd5de@nwla.com)