



Military Order of Devil Dog Fleas
Application for Initiation

Name in Full _____

Address _____ City, State, Zip+4 _____

Email address _____ Phone _____

I am a member in good standing of the _____ Hide
Affiliated with the _____ Unit Department of _____

I am a nit crawler and want to be become a crawler flea at the _____ Flea Scratch
(Circle One) (Circle One) (Local, State, or National)

Date of Application _____ Signature _____

Accepted by _____ Date _____
(Scratchy Flea) email address _____

Date of Initiations: _____

Initiating Officer _____ email address _____
(Scrappy Flea)

1 copy for applicant and 1 copy to each Scratchy Flea, (if applicable) Local, State and National



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