



THE MILITARY ORDER OF THE DEVIL DOG FLEAS

REPORT OF INSTALLATION OF OFFICERS

_____ HIDE UNIT OR DEPARTMENT HIDE
(Circle One)

Department/Unit Hide EIN: _____ Incorporation Number: _____
Last 990n Filing Date: _____ Incorporation Date: _____

OFFICE	NAME	ADDRESS	City, State, Zip+4
Madam Big Flea			
	Phone	Email	
Medium Flea			
	Phone	Email	
Little Flea			
	Phone	Email	
Smart Flea			
	Phone	Email	
Scrappy Flea			
	Phone	Email	
Holy Flea			
	Phone	Email	
Police Flea			
	Phone	Email	
Studios Flea			
	Phone	Email	
Waggy Flea			
	Phone	Email	
No Name Flea			
	Phone	Email	
Trusty Flea 1			
	Phone	Email	
Trusty Flea 2			
	Phone	Email	
Trusty Flea 3			
	Phone	Email	
Jr Past Big Flea			
	Phone	Email	
Scratchy Flea			
	Phone	Email	

Please type or print

I herby certify that the above members are members in good standing. Their dues are paid for the year of _____

DATE OF INSTALLATION _____

Scratchy Flea (Unit or Dept) _____

Address _____

City, State Zip+4 _____

PHONE _____

EMAIL ADDRESS _____

INSTALLING OFFICER _____

Address _____

City, State Zip+4 _____

PHONE _____

EMAIL ADDRESS _____