

*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 flea at the _____ Annual Flea Scratch
(circle one)

Date of Application _____ Signature _____

Accepted by _____ Date _____

(Scratchy Flea)

email address _____

Date of Initiations: _____

Initiating Officer _____ email address _____

Copy for Department Scratchy Flea
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