



# MILITARY ORDER OF THE COOTIE OF THE U.S.

## PUP TENT ELECTION REPORT

### 2019-2020



Pup Tent Name \_\_\_\_\_ Pup Tent Number \_\_\_\_\_ Grand of \_\_\_\_\_  
 CERTIFICATION: I, \_\_\_\_\_ holding the title of \_\_\_\_\_ hereby  
 certify that the below named Cooties of this Pup Tent have been elected or appointed and were installed by me in  
 accordance with the provisions of Article III Section 304 of the Supreme By-Laws of the Military Order of the  
 Cootie of the United States this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. These proceedings were witnessed by  
 the members assembled at \_\_\_\_\_ Signed \_\_\_\_\_  
INSTALLING OFFICER

#### SEAM SQUIRREL

NAME		
MAILING ADDRESS (STREET or P.O. BOX #)		
CITY		STATE
HOME PHONE#		CELL PHONE #
EMAIL ADDRESS:		

#### BLANKET BUM

NAME		
MAILING ADDRESS (STREET or P.O. BOX #)		
CITY		STATE
HOME PHONE#		CELL PHONE #
EMAIL ADDRESS:		

#### HIDE GIMLET

NAME		
MAILING ADDRESS (STREET or P.O. BOX #)		
CITY		STATE
HOME PHONE#		CELL PHONE #
EMAIL ADDRESS:		

#### C.C.D.B.

NAME		
MAILING ADDRESS (STREET or P.O. BOX #)		
CITY		STATE
HOME PHONE#		CELL PHONE #
EMAIL ADDRESS:		

#### TIGHT WAD (1 YEAR)

NAME		
MAILING ADDRESS (STREET or P.O. BOX #)		
CITY		STATE
HOME PHONE#		CELL PHONE #
EMAIL ADDRESS:		

#### TIGHT WAD (2 YEAR)

NAME		
MAILING ADDRESS (STREET or P.O. BOX #)		
CITY		STATE
HOME PHONE#		CELL PHONE #
EMAIL ADDRESS:		

#### TIGHT WAD (3 YEAR)

NAME		
MAILING ADDRESS (STREET or P.O. BOX #)		
CITY		STATE
HOME PHONE#		CELL PHONE #
EMAIL ADDRESS:		

**SKY PILOT (Appointed)**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**PROVOST MARSHALL (Appointed)**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**JIMMY LEGS (Appointed)**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**KEEPER OF THE LOUSY RECORDS (Appointed)**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**SHYSTER (Appointed)**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**PILL PUSHER (Appointed)**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**HUNGRY COOTIE (Appointed)**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**HOSPITAL CHAIRMAN (Appointed)**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

The Annual Dues of this Pup Tent are \$ \_\_\_\_\_ Pup Tent Scratch is held on: \_\_\_\_\_ Time: \_\_\_\_\_  
 Location \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IMPORTANT NOTICE: This Election Report is an important document! It must be received at Supreme Headquarters, 604 Braddock Ave, Turtle Creek, PA 15145 no later than May 31, 2019 in order to receive the 2020 Membership cards. This report is to be completed, copied and distributed as follows: 1-cy to Supreme Headquarters, 1-cy to Grand Adjutant, 1-cy to Grand Quartermaster, and 1-cy retained in the Pup Tent File.