



MILITARY ORDER OF THE COOTIE OF THE U.S. GRAND INSTALLATION WARRANT

2018-2019



TO ALL WHO SEE THESE PRESENTS GREETINGS

Be It Hereby Known That _____ holding the title of _____
Is hereby directed by the Supreme Commander of the Military Order of the Cootie of the U.S. to install the Officers of
the Grand Pup Tent of _____ on _____ day of _____ in the year 20_____
In accordance with the By-Laws and Ritual of this Organization.

By Command of:

Official:

SUPREME COMMANDER

SUPREME ADJUTANT

I do hereby certify that the above warrant was used to install the Grand Pup Tent Officers listed below and in addition those other Officers as prescribed by the By-Laws.

Installing Officer Name _____ Signed _____ Title _____

GRAND COMMANDER

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

GRAND SR. VICE COMMANDER

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

GRAND JR. VICE COMMANDER

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

GRAND QUARTERMASTER

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

GRAND CHAPLAIN

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

GRAND JUDGE ADVOCATE

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

GRAND SURGEON

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

GRAND HISTORIAN

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

GRAND CHIEF OF STAFF

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

GRAND ADJUTANT

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

GRAND INSPECTOR

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

GRAND HOSPITAL CHAIRMAN

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

GRAND MEMBERSHIP CHAIRMAN

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

GRAND BLOOD CHAIRMAN

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

NOTE: This report is to be completed on both sides, copied and distributed as follows:
 ORIGINAL to Supreme Headquarters, one copy to Grand Adjutant, One copy to the Grand Quartermaster,