



MILITARY ORDER OF THE COOTIE OF THE U.S. PUP TENT ELECTION REPORT



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	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

BLANKET BUM

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

HIDE GIMLET

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

C.C.D.B.

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

TIGHT WAD (1 YEAR)

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

TIGHT WAD (2 YEAR)

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

TIGHT WAD (3 YEAR)

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

SKY PILOT (Appointed)

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

PROVOST MARSHALL (Appointed)

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

JIMMY LEGS (Appointed)

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

KEEPER OF THE LOUSY RECORDS (Appointed)

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

SHYSTER (Appointed)

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

PILL PUSHER (Appointed)

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

HUNGRY COOTIE (Appointed)

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

HOSPITAL CHAIRMAN (Appointed)

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

The Annual Dues of this Pup Tent are \$ _____ Pup Tent Scratch is held on: _____ Time: _____

Location _____, _____, _____ State Zip

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, 2025 in order to receive the 25-26 Membership cards. This report is to be completed, copied and distributed as follows: 1-copy to Supreme Quartermaster, 1-copy to Supreme Adjutant, 1-copy to Grand Adjutant, 1-copy to Grand Quartermaster, and 1-copy retained in the Pup Tent File.