



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	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, 2026 in order to receive the 26-27 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.