



MILITARY ORDER OF DEVIL DOG FLEAS TRANSMITTAL FORM

NAME OF HIDE _____ STATE _____ DATE _____
 EIN Number _____ Scratchy Year _____
 Incorporation Number: _____ Incorporation Date: _____

Local Hide Scratchy Flea make check payable to your State Hide. Send three (3) copies to your State Scratchy Flea.
 State Scratchy Flea make check payable to Military Order of the Devil Dog Fleas. Send two (2) copies to National
 Scratchy Flea. Receipted copy will be returned. List current dues on one report. Make separate transmittal for back dues.
 List members alphabetically. Membership cards will be returned to the State Hide.

NEW MEMBERSHIP APPLICATIONS MUST ACCOMPANY THE TRANSMITTAL

CODES: R Renewal N New member RI Reinstatement

Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	

MEMBERS ON THIS REPORT _____	Local Hide Dues _____	Local Dues Total _____
MEMBERS ON LAST REPORT _____	State Hide Dues _____	State Dues Total _____
TOTAL MEMBERS TO DATE _____	National Dues <u>\$2.00</u>	National Dues Total _____

I hereby certify that the above members have paid their dues for the year of _____.

_____	(Address)	(City, state Zip +4)	(email address)
Local Scratchy Flea			
_____	(Address)	(City, state Zip +4)	(email address)
State Scratchy Flea			
_____	(Address)	(City, state Zip +4)	(email address)
National Scratchy Flea			