



Military Order of Devil Dog Fleas
Application for Flea Advancement

Name: _____ Date: _____
(Last Name) (First Name) (Initial)

Address _____ City, State, Zip+4 _____

Email address _____ Phone (____) _____

I am a member in good standing of the _____ Hide,
Affiliated with the _____ Unit, Department of _____

I am a (☐) egg; (☐) crawler, and want to be become a (☐) crawler; (☐) flea at the
_____ Flea Scratch

(Local, Department, National level)

Signature of Applicant _____ Accepted by _____
(Scratchy Flea)

Initiating Officer _____ email address _____

Date of Initiations: Local _____ Department _____ National _____

FOR NATIONAL SCRATCHY FLEA ONLY:

Received and Recorded this _____ Day of _____, 20____. The above named member has been elevated to
the Degree of ☐ Egg ☐ Crawler ☐ Flea

Rev 07/2014