

Memorable Order of Tin Hats

Shellhole Adjutant

Moth _____

P. O. Box _____

District Adjutant

Provincial Adjutant

Moth _____

Moth

PO Box _____

PO Box

This is to inform that :

Name: _____

Postal Address: PO Box _____

Postal Code: _____

was accepted as member of : Shellhole

This _____ day of _____ 200

Old Bill: Moth Adjutant: Moth

We enclose capitation fees amounting to: _____

Pay Bill: _____

NOTE:
Shellhole to forward capitation fees to District / Province with this document.