



MOCA AUXILIARY INSTALLATION REPORT

Be It Hereby Known That the Individual listed below is hereby Authorized by the Supreme President of the Auxiliary to the Military Order of the Cootie of the U.S. to install the Officers of the Pup Tent Auxiliary as so listed below In accordance with the By-Laws and Ritual of this organization.

By Command of:

Official:

SUPREME PRESIDENT

SUPREME SECRETARY

I certify that the Officers of the Auxiliary to _____ Pup Tent No. _____, Military Order of the Cootie of the U.S., located in (City) _____, (State) _____, were duly installed on _____ (date) in accordance with the laws, directives and pertinent sections of rituals approved by the Military Order of the Cootie of the United States. I further certify and proclaim that the above Auxiliary is in working order. It is further certified that the office of Treasurer of this Auxiliary is bonded with _____ in the amount of \$ _____, with the expiration date of _____. This Auxiliary meets on (Day & Time) _____ at (Location) _____. Auxiliary Annual Dues are \$ _____.

Installing Officer Printed Name - _____

Signed _____ Title _____

AUXILIARY PRESIDENT

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

AUXILIARY SR. VICE PRESIDENT

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

AUXILIARY JR. VICE PRESIDENT

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

AUXILIARY TREASURER

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

AUXILIARY CHAPLAIN

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

AUXILIARY CONDUCTOR/CONDUCTRESS

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

AUXILIARY GUARD

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

AUXILIARY TRUSTEE #1

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

AUXILIARY TRUSTEE #2

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

AUXILIARY TRUSTEE #3

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

AUXILIARY SECRETARY (Appointed)

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

AUXILIARY HOSPITAL CHAIRMAN (Appointed)

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

AUXILIARY MEMBERSHIP CHAIRMAN (Appointed)

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

Send (mail or email) one copy of completed form as soon as Officers are elected to: Supreme Treasurer, Supreme Secretary, Grand Secretary, Grand Treasurer, and retain 1-Copy for Auxiliary files.