



MOCA DISTRICT / GRAND 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 Auxiliary Officers of the District or of the Grand 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 do hereby certify that the above warrant was used by me to install the below listed Auxiliary Officers of District # _____ or that of the Grand Pup Tent of _____ and in addition those other officers as prescribed by the By-Laws. 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 _____.

Installing Officer Printed Name - _____

Signed _____

Title _____

AUXILIARY PRESIDENT

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

AUXILIARY SR. VICE PRESIDENT

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

AUXILIARY JR. VICE PRESIDENT

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

AUXILIARY TREASURER

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

AUXILIARY CHAPLAIN

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

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AUXILIARY EQPF WEVTGUETE QPF WEVQT

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

AUXILIARY OFFICER OF THE DAY

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, District/Grand Treasurer, and retain copy District/Grand Secretary files.