



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:

Patricia Presfield

SUPREME PRESIDENT

Official:

Georg Jean Zimmerman

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 certify and proclaim that the above Auxiliary is in working order. It is further certified that the offices of President & Treasurer of this Auxiliary are 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 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 ASST. TREASURER (APPOINTED/OPTIONAL)

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

(CONTINUED ON NEXT PAGE)

AUXILIARY CHAPLAIN

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

AUXILIARY CONDUCTRESS/CONDUCTOR

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:

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.