



MOCA 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 Officers of the Pup Tent Auxiliary as so listed below in accordance with the By-Laws and Ritual of this organization.

By Command of:
Billie Cassidy
SUPREME PRESIDENT

Official:
Georg Jean Zimmerman
SUPREME SECRETARY

I do hereby certify that the above warrant was used by me to install the below listed Auxiliary Officer of the Grand Pup Tent of _____ and in addition those other officers as prescribed by the By-Laws. I certify that the above Auxiliary is in working order. It is further certified that the Offices of President, Treasurer & Assistant Treasurer of this Grand are 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 ASST. TREASURER (Appointed)

| | | |
|--|------------|----------------|
| 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: |

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: |

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.