



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:
Patricia Presfield
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.