APPLICATION FOR NEW
AUXILIARY to the MILITARY
ORDER of the COOTIE

In accordance with the provisions of Article 6, Section 609 of the **Military Order of the Cootie** By-Laws, we herewith submit Application for an Auxiliary to _____ Pup Tent # _____, City of _____, Fertile Hunting Ground of _____ To be known as the Auxiliary to the above Pup Tent.

The Applicant shall be a member in *good standing*, for at least *six (6) months*, in the Veterans of Foreign Wars Auxiliary and retain that status to remain a member of the Auxiliary to the Military Order of the Cootie and be Sixteen (16) years or older.

The Auxiliary to the Military Order of the Cootie shall be governed by and under the jurisdiction of the Supreme Scratch, the Supreme Council of Administration and the Supreme Commander.

Local Auxiliaries may be formed with the Application of *Twelve (12)* or more *eligible* for membership as indicated above. They **MUST BE NEW** or **REINSTATED** members. **TRANSFERRED** members are **NOT INCLUDED** in the **FIRST TEN**. Evidence of **ELIGIBILITY** shall be submitted to the Organizer, who shall have *Certification* from the Seam Squirrel, that the Pup Tent voted at a regular Scratch (meeting) to have an Auxiliary.

Auxiliaries are to be governed by the By-Laws of the Supreme Auxiliary to the Military Order of the Cootie. Regulations shall not conflict with the Constitution, By-Laws and Manual of Procedure of the Veterans of Foreign Wars, or the By-Laws of the Military Order of the Cootie.

All members of the MOC Official Auxiliaries shall be treated in the same manner as the VFW Auxiliaries. MOC Auxiliaries are *formed to help* and *assist* the *Cooties with Hospital Work*, *Promote Hospital* of their own and to *assist* in *Social Activities*.

NAMES OF CHARTER APPLICANTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

For Additional Names, attach separate sheet

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Submitted By: (MOC Auxiliary Member)
Organizer: _____
Address: _____
City/State/Zip: _____

Mail Application along with Charter Fee of $50 to the Supreme MOCA Treasurer.

Certificate of Confirmation

THIS CERTIFIES THAT _____ PUP TENT NUMBER _____, CITY OF _____ VOTED AT A REGULARLY SCHEDULED SCRATCH TO HAVE AN AUXILIARY.

_____ **SEAM SQUIRREL**

_____ **DATE**

_____ **POST COMMANDER**