MEMBERSHIP APPLICATION
MILITARY ORDER OF THE COOTIE AUXILIARY

Check Which Applies Below

New Member ☐

Transfer Member ☐

Reinstated Member ☐

If Transfer ONLY Complete From

Aux. No. _____

City _____

State _____

Member ID # _____

Date: _____

_____

Show above name, number and location of Pup Tent Auxiliary

Applicant's Name (Print) _____ _____ _____
Last **First** **Middle**

Address _____
Street **City** **State** **Zip**

E-Mail _____ Telephone Number _____

Birth Date _____ Dues paid to December 31, _____

Member of Post # _____ Auxiliary _____ Phone # _____

Located in _____
City **State**

I certify that I am an active member of the V.F.W. of the U.S. Auxiliary and am desirous of becoming a member of the M.O.C. Auxiliary

Recruited by :

Verified by: _____

_____

_____

_____

Applicant's Signature

Accepted: Yes ☐ **No** ☐

Date _____

Amount Paid $ _____

2 – Copy to GRAND TREASURER
(1 for SUPREME)
1 – Copy for LOCAL AUXILIARY Files
REV: 12 September 24