



# MEMBERSHIP APPLICATION MILITARY ORDER OF THE COOTIE AUXILIARY

Check Which Below  
 New Member  
 Transfer Member  
 Reinstated Member

Transfer From \_\_\_\_\_  
 Aux. No. \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_

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

Recommended and Verified by:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

Accepted: Yes No

Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

- 1 - Copy to SUPREME TREASURER
- 1 - Copy to GRAND TREASURER
- 1 - Copy for LOCAL AUXILIARY Files