



MEMBERSHIP APPLICATION MILITARY ORDER OF THE COOTIE AUXILIARY

Date: _____

Show above name, number and location of Pup Tent Auxiliary

Check Which Applies Below

New Member

Transfer Member ☐

Reinstated Member ☐

Member At Large ☐

If Transfer ONLY Complete From

Aux. No. _____

City _____

State _____

Member ID # _____

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 _____

Meeting Approval Date: _____

Amount Paid \$ _____

2 – Copy to GRAND TREASURER

(1 for SUPREME)

1 – Copy for LOCAL AUXILIARY Files

REV: 12 September 24