

**Auxiliary to the
Military Order of the Cootie
of the United States**



***Supreme Program
Book 2019-2020***

**Supreme President
Marquitta Hill**



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I am very proud, humble and honored to serve as your 2019 – 2020 Supreme President of this great organization. I pledge to you that I will fulfill the duties of this high office to the best of my abilities.

I thank each of you for your friendship and support on my journey to this position.

The 2019 – 2020 year will be a year of teamwork. We MUST work together within our Auxiliaries, Grands, and Supreme District and with the MOC. We are just that team, always dedicated to the care of our veterans and military personnel. Let us never forget their sacrifices to our country.

As a team, we can grow in membership by recruiting new members and retaining our old members. Lets continue training members on programs and each office within our organization. Lets share ideas on ways to encourage members to return, helping with programs and working for our veterans, We must share our knowledge with others in order for our organization to continue to grow.

Wherever my travels take me this year, I pledge to you my support in all that we do.

Congratulations to Supreme Commander Ruger, your officers and Chairmen. Together the Military Order of the Cootie and Military Order of the Cootie will grow in membership as we take care of our veterans who need us the most.

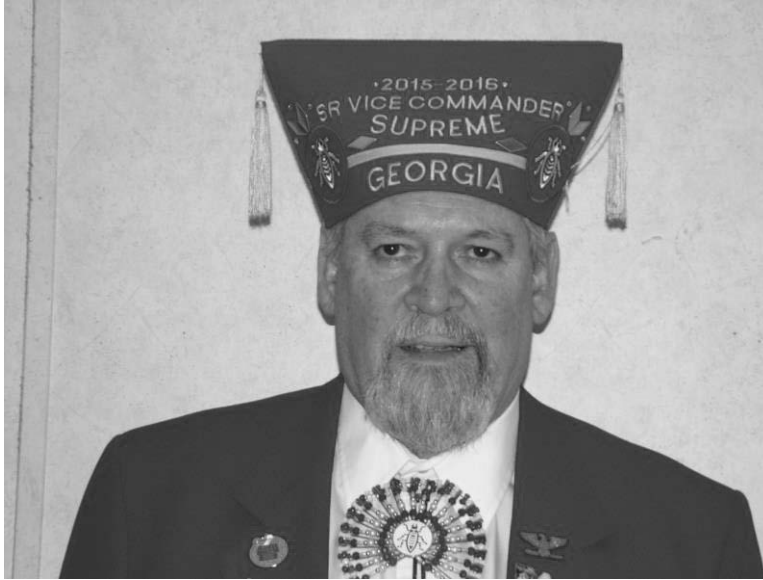
I am looking forward to working with Supreme Commander Ruger. Together the Military Order of the Cootie and Military Order of the Cootie will strive to “Keep “Em Smiling in Beds of White.”

I have faith we will be *Running To Support Our Veterans.*

Loyally,

Marquitta “Nikki” Hill,
Supreme President
2019 - 2020

SUPREME COMMANDER'S MESSAGE



Listen Cootie Auxiliary;

We have had a great year so far. So for the rest of the year and the next year, if there is anything, I can do for ya'll just give me a call, I'll be glad to help.

“KEEP EM SMILING IN BEDS OF WHITE”

Steve W Ruger Sr.

Commander 2019-2020

steverugersr@gmail.com

M.O.C. INFORMATION

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To Supreme Officer's, Past Supreme Presidents, Supreme District President's, Grand President's, Auxiliary President's, Supreme Chairman and Members:

My-oh-my hard to believe another year has gone by too fast. We are now blessed with Supreme President Marquita Hill. It's an honor to be Supreme President Marquita's Senior Vice President. Her year has just begun but it will be a fun, busy and humble one, most likely will fly by fast too.

I am simply including an early reminder in this Program Book to ask you to show how much you appreciate her Leadership, Time and Loyalty to the MOCA by remembering to send a "Love Gift" a donation on her behalf to;

Supreme Treasure Penney Howard

PO Box 34

Flora Vista, New Mexico 87415

Please remember to specify "**Marquita's Love Gift**" on your check this generous gift will be given to her at Supreme Convention in Reno Nevada in July of 2020.

I would like to extend my sincere THANK YOU for all you do for our organization our Veteran's and their Families. The Military Order of the Cootie Auxiliary could not exist without your support if you have any questions regarding this request please feel free to contact me using my contact information below.

God bless each of you and keep you safe.

Keep'em smiling in beds of White.

Loyally;

Jennifer Winn

Jennifer Winn

MOCA Supreme Sr. Vice

Jen_moca@cox.net

952 Avatar Drive

Virginia Beach, VA 23454

SUPREME M.O.C. AUXILIARY LINE OFFICERS

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Junior Vice President	Debbie Thie 13622 Serena Dr. Largo, FL 33774	Home: 727-463-4783 Cell: E-mail: dlthie33774@aol.com
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Five Year	Pat Potter	Cell: 314-420-3756
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Three Year	Lee Ann Lam	Cell: 575-749-0125
Two Year	Peggy Bell	Cell: 954-609-9489
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IN MEMORY OF PAST SUPREME PRESIDENTS

1961-1963	Dorothy Briner Beveridge	<i>"Aid, Abet, & Assist"</i>	Building Growth, Designed Pin and Logo
1963-1964	Mildred Sanford	Promoted Membership	
1964-1965	Shirley McCaulla	<i>"Peace and Harmony"</i>	VAVS Inception, By-Laws & Ritual Author
1965-1966	Florence McGowan	Hospital Pin, Fun Bug, Jewelry	
1966-1967	Georgine Krier	Started Grand President Award	
1967-1968	Florence Selbo	<i>"Let's Make It Great in '68"</i>	
1968-1969	Bertha Stewart	Promoted Hospital	
1970-1971	Mary Leppla	First Cancer Aid Check/VFW Aux.	
1971-1972	Sarah Ducharme	First Aux. Scholarship Program	
1972-1973	Rose Stec	Kidney Patients	
1973-1974	Evelyn Nigro	<i>"Team Work"</i>	Emphysema
1974-1975	Helma "Ginny" Cochran	<i>"Keep the Sparks Flying"</i>	Emotionally Disturbed, First Program Book
1975-1976	Katherine Bates	<i>"Liberty Bells"</i>	Heart Patients
1976-1977	Patricia Nye	<i>"Think Wisely"</i>	Mentally Disturbed
1977-1978	L. "Frankie" Capp	<i>"Bringing in the Sunshine"</i>	Patient Therapy, Nat. Home Xmas Party
1978-1979	Darla Lartch	<i>"Movin' On"</i>	Started blood program
1979-1980	Eloise Purdy	<i>"Take Time To Care"</i>	Respiratory Disease and Arthritis
1980-1981	Helen Hines	<i>"Win, Place, & Show"</i>	Heart Disease
1981-1982	Mary Teynor	<i>"Reach For New Heights"</i>	Kidney & Heart Disease
1982-1983	Anne Brodecky	<i>"Loving, Caring & Sharing"</i>	Nursing Home & Wheelchair Patients
1984-1985	Willie Mae Barnett	<i>"Bringing Joy & Laughter"</i>	Nursing Home & VA Outpatients
1985-1986	Rosemary Klaar	<i>"Don't Wish, Do It"</i>	Arthritis
1991-1992	Edith Ann DuBois	<i>"Share Lov'n Friendship"</i>	PT, OT, RT & Mental Therapy
1992-1993	Chris Murphy	<i>"Love, Life's Greatest Treasure"</i>	Heart & Hypertension
1993-1994	Jan Bean	<i>"Pull Together"</i>	Heart Disease
1994-1995	Faye Birdett	<i>"Energetic, Friendly, Bewitching"</i>	Kidney Disease
1996-1997	Marilyn Ferger	<i>"Motivation, Integrity, Friendship"</i>	VAMC & Nursing Homes
1999-2000	Anita Scott	<i>"Flying into the Millennium"</i>	VA, Nursing Homes, & Nat. Home

PAST SUPREME PRESIDENTS

1969-1970	Betty Brasch	<i>“Onward & Upward & Measure Up”</i>	Started Clown Program
1983-1984	Barbara Klawitter	<i>“Promote Heavenly Harmony”</i>	Cancer & Burn Patients
1986-1987	Marjorie Johns 301-871-7980 marjjohns@msn.com	14306 Arctic Avenue Rockville, MD 20853	<i>“Time To Soar”</i> Hypertension & Blood Pressure
1987-1988	Mary H Van Orden 908-328-2684 we3kiz@hotmail.com	3 Everitts Farm Lane Frenchtown, NJ 08825	<i>“Spirit of Friendship”</i> Satellite Nursing Homes
1988-1989	Jeanne Edwards-Cusson 607-624-5523 shelva-jean.edwards@att.net	30 Randall Street Cortland, NY 13045	<i>“Love Bears All Things”</i> Heart & Respiratory Illness
1989-1990	Phyllis Berg 952-884-8930 phyllis2berg@gmail.com	9573 Trail East Road Bloomington, MN 55420	<i>“Love America, Dedicate Yourself”</i> Arthritis
1990-1991	Lynda Wallace 913-788-5008	2511 North 74th Street Kansas City, KS 66109	<i>“Bee Berry Special”</i> Nursing Home Patients
1995-1996	Ruth Schoonover 360-675-3609 rschoon777@aol.com	3096 Angela Lane Oak Harbor, WA 98277-9026	<i>“Volunteers Make a Difference”</i> Spinal Cord/Research & Medication
1997-1998	Betty Turner 858-278-1185	3160 Norzel Drive San Diego, CA 92111	<i>“Be Happy, Serve Others”</i> Hospital Work, Emphasis Alzheimer’s
1998-1999	Barbara Turley 913-334-0353 ksredshoes@aol.com	7902 Elizabeth Kansas City, KS 66112	<i>“Take the Extra Step”</i> Hospital/Alzheimer’s Care Givers
2000-2001	Colette Kove 248-659-8376 cpkwik@aol.com	54077 Shelby Rd Shelby Twp, MI 48316	<i>“Friends Are Like Angels”</i> Cancer & Diabetes
2001-2002	Linda Lowrimore 972-740-5045 linlow@verizon.net	1016 Summit Circle Carrollton, TX 75006	<i>“Volunteers Bring Sunshine”</i> Spina Bifida
2002-2003	Julie Seifert 320-877-7497	17723 545th Avenue Grove City, MN 56243	<i>“Hum for Harmony”</i> Physical Therapy & Rehab. Equipment

PAST SUPREME PRESIDENTS (cont.)

2003-2004	Mary Cromer 864-574-1073 sweetm164@aol.com	228 Quartermaster Road Spartanburg, SC 29301	<i>"EWE Make A Difference"</i> PTSD/Alzheimer's
2004-2005	Maddy Alexander 503-581-1036 mocateddybear@juno.com	P O Box 324 Crawfordsville, OR 97336	<i>"Hugs Heal"</i> Brain Injury
2005-2006	Jeanette Wilson 602-996-1164 jnette37@yahoo.com	2421 E Larkspur Dr. Phoenix, AZ 85032	<i>"Spoon a Little Love in your Heart"</i> Hepatitis C
2006-2007	Rebecca Wischmeyer 573-999-3666 rwischmeyer2018@gmail.com	904 Bourn Avenue Columbia, MO 65203	<i>"Make a Big Splash for Veterans"</i> Emergency Room Care
2007-2008	Donna Poelstra 706-743-3616	116 N Upton Street Lexington, GA 30648	<i>"Join the Pack – Change a Life"</i> Leukemia and Lymphoma
2008-2009	Jane Channell 301-831-9746 mocadolphin@msn.com	2728 Hillside Court Ijamsville, MD 21754	<i>"Performing for the Vets"</i> Orthopedics and Rehabilitation
2009-2010	Pam Hamilton		<i>"Standing Proud for Veterans"</i> Hospice and Alzheimer's
2010-2011	K Rosemarie Brown 937-254-4667	1399 Woodman Dr. Riverside, OH 45432	<i>"Care A lot Team Serves"</i> Widows Home
2011-2012	Gloria D Hargis 940-631-4466 gloriadianne930@gmail.com	600 8 th St. Apt 750 Wichita Falls, TX 76301	<i>"Keep Your Motors Runnin"</i> Wounded Warriors
2012-2013	Lorna Piper 530-949-8169 lornalee21@hotmail.com	1693 Manter Dr. Unit 2 Anderson, CA 96007	<i>"Working Together in Perfect Harmony"</i> Wheelchair Games
2013-2014	Linda Campbell 910-630-1121 lcampbell114@nc.rr.com	6602 Radcliff Court Fayetteville, SC 28311-1155	<i>"Supporting Our Veterans' Special Needs"</i> Kidney Problems/Disease
2014-2015	flo Parmelee 406-459-4733 mocaflo1415@gmail.com	115 Valley Drive Helena, MT 59601-0164	<i>"United for our Veterans"</i> No Veteran Dies Alone

PAST SUPREME PRESIDENTS (cont.)

2015-2016	Peggy Bell 954-609-9489 peggythomasbell626@att.net	371 Kentucky Ave. Ft. Lauderdale, FL 33312	<i>"Moving Forward to Secure Homeless Veterans"</i> Homeless Veteran's
2016-2017	Lee Ann Lam 575-749-0125 lams88101@outlook.com	816 Jeannie Dr. Clovis, NM 88101	<i>"There Is Nothing Stronger Than The Heart Of A Veteran"</i> McGuire Poly-Trauma Unit
2017-2018	Penny S Cacoulidis 910-200-7242 Lady1usmc@twc.com	4701 Flintcastle Rd. Fayetteville, NC 28314	<i>"Veterans Are Like Rare Pearls of the Sea-You Are My Angels"</i> Valhalla Ranch – The Long Trail Home / PTSD
2018-2019	Patricia Potter 314-420-3756 ppotter1293@gmail.com	2633 W Adams St. Charles, MO 63301	<i>"Veterans Are The Stars"</i> Valhalla Ranch – Adopt a Veteran in a facility

PRESIDENTS

Congratulations on your election as President. The leadership you provide your members influences the success of the Programs of you Auxiliary.

AUXILIARY PRESIDENTS

- Please read **Section 308** of the Supreme By-Laws.
- Discuss with your members, Officers and Chairmen the **Programs** and goals for the year.
- Make sure that any **money** collected is turned over **immediately** to the **Treasurer**, as that position is the **only bonded Officer**.
- Make sure that General Orders and other correspondence are read at the Meetings.
- **Participate** in the activities planned by your Auxiliary.
- **Attend** Grand Council of Administration (CofA) meetings and Conventions.
- Make sure your Chairmen submit their **Reports** in a timely manner.
- **Remember-You** have the overall responsibility to see that your Auxiliary is properly represented in all areas.

AUXILIARIES NOT IN A GRAND

The **Inspection Report & Installation Warrant** for your Auxiliary is in the Program Book and on the website, www.lotcs.org. This information needs to be entered in the **Supreme Roster** so you receive correspondence, including dues cards for next year.

GRAND PRESIDENTS

- Please read **Section 408** of the Supreme By-Laws.
- Make sure that all of your Chairmen have copies of their Program and Report Forms. Submit your **request** for your **Supreme Representative PRIOR to December 31, 2019, even if all plans have not been finalized**. The request form is in the Program Book.
- After receiving the name of the **Supreme Representative** assigned, it is **YOUR** duty to notify her of the appropriate information.
- Make sure that your **Auxiliaries are inspected PRIOR to December 21, 2019**. (a copy of the Inspection form is included in this Program Book). The actual forms are in the President's Packet received at Supreme Convention.
- If possible, attend Tomb Trek & Supreme Convention.
- Make sure **all** your **Chairmen report** in a **timely manner**.
- Visit as many Auxiliaries in your Grand as possible during your term of office.
- Provide your Auxiliaries with the necessary information by issuing a minimum of four (4) General Orders during your term of office.
- Conduct a **Memorial Service** at Grand Convention for your deceased members.
- **Encourage** your members to pay their dues and be active in their Auxiliary.
- If any VAVS Representative or Deputy needs to be appointed or replaced, send VAVS recommendations to VAVS Supreme Representative Rebecca Wischmeyer. (The necessary form is included in the Program Book).
- You need a **Warrant** for each of your Local Auxiliaries. They are located on the website, www.lotcs.org and a copy is in this book. Make a copy of the Installation Warrant for each of your Auxiliaries. After elections of Officers, a copy of the filled-out Warrant is mailed to the **Grand Treasurer, Secretary and the Supreme Treasurer & Secretary**.
- Local Auxiliary Installations **MUST** be completed by **March 31, 2020 and copies sent Immediately**.

PRESIDENT OF THE YEAR

Judging for **Outstanding President of the Year** should be done using a point system. Presidents will be judged from the **Year-End Report Form** and the **RESUME MUST be attached to the Report**. Listed is the point system for judging of Auxiliary Presidents on all levels.

Auxiliary (Auxiliary must be 100% in Membership)

Number of Meetings Conducted by President	12
Hospital Visits made by President	15
Hospital Hours by President (Visit & Project).....	15
Total Hospital Credits by Auxiliary	5
Reported Membership Gain	6
Supported Grand Programs and Reported.....	8
Supported Supreme Programs and Reported	8
Attended all C of A Meetings	8
Attended Grand Convention	8
Completed and attached Resume to Report	15

AUXILIARIES NOT IN A GRAND (Auxiliary must be 100% in Membership)

Number of Meetings Conducted by President	12
Hospital Visits made by President	19
Hospital Hours by President (Visit & Project).....	19
Total Hospital Credits by Auxiliary	10
Reported Membership Gain	10
Supported Supreme Programs & Reported	15
Completed and attached Resume to Report	15

These are the guidelines that were adopted for judging President's reports.

Group 1. 10-25 members

Group 2. 26-40 members

Group 3. Over 40 members

Group 4. Auxiliaries not in a Grand

GRAND (Grand must be at least 95% in Membership)

Number of C of A Meetings Conducted by President	5
Number of General Orders issued.....	5
Hospital Visits by President	10
Hospital Hours by President (Visit & Project).....	10
Net Auxiliary Gain.....	5
Number of Auxiliaries Visited.....	10
Visited All of the VA Hospitals in your Grand.....	10
Reported 100% Membership.....	15
Reported over 100% Membership	5
Supported Supreme Programs and Reported	15
Completed and attached Resume to Report	15
Completed & Sent Request for Supreme Rep <u>by 12/31/19</u>	5

Group 1. Up to 4 Auxiliaries

Group 2. 5-7 Auxiliaries

Group 3. 8 and Over Auxiliaries

Total Possible Points 110; Prorate points according to accomplishments.

PRESIDENT

YEAR-END

Mail to: Grand President

AUXILIARY

Grand of _____
Due Date: Set by Grand President

Date: _____ Auxiliary Name & Number: _____
Number of Meetings held by Auxiliary: _____ Conducted by you: _____
Hospital Visits made by you: _____
Hospital Hours worked by you: _____ (Visit & Project)
Total Auxiliary Hospital Credits \$ _____ Hours: _____

Membership:

Date Auxiliary reached 100% _____
% As of April 30, 2019 _____
% As of January 31, 2020 _____
% As of April 30, 2020 _____

Auxiliary Participation in the Following Supreme Programs

Hospital \$ _____ National Home (**not** Christmas Party) \$ _____
Scholarship \$ _____ Sup. Pres. Special Hospital Project \$ _____

Auxiliary Participation in the Grand

No. of C of A Meetings held by Grand _____ Attended by you _____
Did you attend the Grand Convention? Yes _____ No _____
Did Auxiliary participate in Grand Programs? Yes _____ No _____
Have reports been made to Grand Chairmen? Yes _____ No _____
Did you support the Grand Programs? Yes _____ No _____

Explain how:

ATTACH A RESUME of your activities to advance the interest of the Auxiliary to the Military Order of the Cootie and the outstanding activities of the auxiliary during your administration and how you participated. **DO NOT** include your VFW auxiliary activities. Your concise Resume should not be a travel log, a diary or a day-by-day listing of your activities. If you attended the Supreme Convention, Tomb Trek or VFW National Home for Children, be sure to include this in your Resume.

You must be 100% in Membership and include a Resume to be in competition for President of the Year!!!

Auxiliary Secretary _____
E-mail: _____

Auxiliary President _____
E-mail: _____

PRESIDENT

YEAR-END

GRAND

MAIL TO: **Supreme President**
Marquitta Hill
P. O. Box 1461
Tupelo, MS 38802

Due Date: June 1, 2020
Or immediately following Grand Convention
Date of Grand Convention: _____

Date: _____
Number of C of A Meetings held: _____
Number of General Orders Issued: _____

Grand: _____
Conducted by you: _____

Was a Memorial Service conducted at Grand Convention? _____

Hospital Visits made by you: _____
Hospital Hours worked by you (visits & project): _____

Auxiliaries as of April 30, 2020 _____
New Auxiliaries this year _____
Defunct Auxiliaries this year _____

Membership:
% as of April 30, 2019 _____
% as of January 31, 2020 _____
% as of April 30, 2020 _____

Number of Auxiliaries visited _____
Visited ALL of the VA Hospitals in your Grand _____
Miles traveled on Grand Business _____

Did the Grand Auxiliary participate in the following **Supreme** Programs?
National Home _____ \$ _____
National Home Special Project _____ \$ _____
Scholarship _____ \$ _____
Supreme Hospital Fund _____ \$ _____
Supreme President's Special Project _____ \$ _____

Was Supreme Program Book distributed to all Auxiliaries? _____
Specify how: _____

ATTACH A RESUME of your activities to advance the interest of the Auxiliary to the Military Order of the Cootie and the outstanding activities of the auxiliary during your administration and how you participated. **DO NOT** include your VFW auxiliary activities. Your concise Resume should not be a travel log, a diary or a day-by-day listing of your activities. If you attended the Supreme Convention, Tomb Trek or VFW National Home for Children, be sure to include this in your Resume.

Membership of the Grand must be 95% or more and include a Resume to be in competition for President of the Year!!

Grand Secretary: _____ Grand President: _____

E-mail: _____ E-mail: _____

PRESIDENT

YEAR-END

Mail to: **Supreme President**
Marquitta Hill
P. O. Box 1461
Tupelo, MS 38802

AUXILIARY
Not-In A Grand

Due Date: June 1, 2020

Date: _____ Auxiliary Name & Number: _____ State: _____

Number of Meetings held by Auxiliary _____ Conducted by you: _____

Hospital Visits made by you _____

Hospital Hours worked by you _____ (Visit & Project)

Total Auxiliary Hospital Credits by your Auxiliary \$ _____ Hours: _____

Membership:

Date Auxiliary reached 100% _____

% as of April 30, 2019 _____

% as of January 31, 2020 _____

% as of April 30, 2020 _____

Auxiliary Participation in the Following Supreme Programs

Supreme Hospital \$ _____

National Home (**not** Christmas Party) \$ _____

National Home Special Project \$ _____

Scholarship \$ _____

Supreme President's Special Hospital Project \$ _____

Explain how you supported the Supreme Programs:

ATTACH A RESUME of your activities to advance the interest of the Auxiliary to the Military Order of the Cootie and the outstanding activities of the auxiliary during your administration and how you participated. **DO NOT** include your VFW auxiliary activities. Your concise Resume should not be a travel log, a diary or a day-by-day listing of your activities. If you attended the Supreme Convention, Tomb Trek or VFW National Home for Children, be sure to include this in your Resume.

You must be 100% in Membership and include a Resume to be in competition for President of the Year!!!

Auxiliary Secretary: _____ Auxiliary President: _____

E-mail: _____ E-mail: _____

Supreme Representative Request

Mail to: **Supreme President**
Marquitta Hill
P. O. Box 1461
Tupelo, MS 38802

Due Before: December 31, 2019

Date: _____

Grand: _____

Grand Convention Date: _____

Location: _____
(City)

Exact Days of the Week: _____
(Fri, Sat, Sun, etc)

Headquarters Hotel: _____

Hotel Address: _____

Hotel Phone Number: _____

Will Motel arrangements be made for your Representative? _____

What is the dress for the banquet? _____

Will there be a *THEME* for your Banquet? _____ If so what? _____

What is your *Motto & Theme*? _____

What airport do you want your Supreme Representative to fly to? _____

Name of airport? _____

Tentative schedule for the Convention: _____

(Forward Convention schedule to the Representative)

Reminder: A personal aide should be assigned to your Representative and transportation should be provided.

List 3 preferences for a Supreme Representative to your Convention:

1. _____

2. _____

3. _____

Grand President: _____

Phone Number: _____

E-mail: _____



MOCA AUXILIARY INSTALLATION REPORT 2019 - 2020

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:
Marquitta Hill

SUPREME PRESIDENT

Official:
Georg Jean Zimmerman

SUPREME SECRETARY

I certify that the Officers of the Auxiliary to _____ Pup Tent No. _____, Military Order of the Cootie of the U.S., located in (City) _____, (State) _____, were duly installed on _____ (date) in accordance with the laws, directives and pertinent sections of rituals approved by the Military Order of the Cootie of the United States. I further certify and proclaim that the above Auxiliary is in working order. It is further certified that the office of Treasurer of this Auxiliary is bonded with _____ in the amount of \$ _____, with the expiration date of _____. This Auxiliary meets on (Day & Time) _____ at (Location) _____. Auxiliary Annual Dues are \$ _____.

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 CHAPLAIN

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE:	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

(CONTINUED ON NEXT PAGE)

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:

AUXILIARY MEMBERSHIP 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.

PARLIAMENTARY PROCEDURE

To: Auxiliary and Grand Presidents and Parliamentarians

Parliamentary Procedure is simply an orderly way of conducting business meetings.

The VFW National Convention in July 2017 adopted **Robert's Rules of Order** as the governing rules for all meetings. The Presidents must have help from the members to move motions for the Auxiliaries to approve taking any action.

In our By-Laws under duties of the Parliamentarian it states: "The Parliamentarian shall advise the President on procedural matters **upon request** and perform such other duties as may be required. **They must know and understand the By-Laws.**"

The above statement of duties means you must read and understand the By-Laws, not just carry the By-Laws to the meetings. You need to know what is in the book.

To be fully prepared to do your job in assisting the President, my I strongly suggest that you purchase a copy of **Robert's Rules of Order Newly Revised in Brief** at any bookstore, from VFW Store, or Amazon. The price is \$7.99 plus tax and/or shipping and handling. It is well worth the investment.

There is no reason to fill up this page with instructions on how to carry out a meeting when it has been expertly done in this book. The table of contents is user friendly so you should be able to find any situation imaginable in its pages.

Let's make our meetings functional, enjoyable, and worth our members time. We are here to help our veterans and their families. Not for our own gain. Under **Good of the Order**, take time to educate your members on Parliamentary Procedures. Your meetings will run better, and all will enjoy being there.

Presidents choose your Parliamentarians wisely and listen to their advice. **Parliamentarians** read **Robert's Rules of Order** and be prepared to assist your President.

I wish you a good year and smooth and successful meetings. I am always available if you have questions. Feel free to contact me.

flo Parmelee, Supreme Parliamentarian
115 Valley Drive, Helena, MT 59601-0164
406-459-4733
mocaflo1415@gmail.com

SECRETARY

The Office of Secretary on any level is not to be taken lightly. It is an important Appointment within our Organization on the Supreme level, Grand level, and Auxiliary level. It is your duty to present the information properly and with accuracy. Check with your President prior to any Meeting for correspondence or bulletins she may have received. Be sure to read and absorb the sections of the Supreme By-Laws entitled "Duties of the Secretary" that pertain to your level.

AUXILIARY AND AUXILIARIES NOT WITHIN A GRAND:

Minutes are permanent records of the Meetings. The Minutes must be at Meetings and easily at hand for reference. (The Treasurer's Report and the Audit Report must be incorporated into the Minutes.) If you cannot attend a Meeting, be sure the book is in order and in the President's possession for use during the Meeting. Bound books are no longer the only type that can be kept. Typed Minutes in a binder are acceptable.

NOTE: The Secretary records all Minutes and corrections in the Minute Book. Any person serving as Secretary Pro-Tem shall take the Minutes and give them to her for recording. The Secretary, after reading bulletins and correspondence, should make a list of Old Business, New Business and information to be brought before the Auxiliary.

AUDITS: You are to be present at the Audit with your books. If unable to attend, be sure that the books are given to the Trustees. The Trustees must sign the Secretary's Book after an Audit. The Secretary must make any corrections or changes.

GRAND SECRETARIES:

Minutes may be typed and kept in a binder or a permanent folder. The Minutes must be at Meetings and on hand for reference. The Treasurer's Report and Audit Report must be incorporated into the Minutes. As a courtesy, **a copy of all General Orders should be sent to the Supreme President, Supreme Sr. Vice, Supreme Jr. Vice, Supreme Secretary, Supreme Treasurer, and Supreme Hospital Commissioner.**

GRAND SECRETARY OF THE YEAR AWARD will be based on content of General Orders regarding pertinent information dispersed to each Auxiliary and copies mailed to Supreme Officers.

GRAND INSTALLATION WARRANT is provided in the packet brought to the Grand Convention by the Supreme Representative. All Auxiliary Installation Warrant forms may be found on the website: www.lotcs.org under the MOCA Emblem - Forms / Inspector tab.

Properly completed Installation reports should be mailed or E-mailed to the Supreme Secretary and Supreme Treasurer. Please fill out the Installation Report carefully. When possible, **PLEASE TYPE OR PRINT**. Include complete and correct names, addresses and zip codes (do not abbreviate city names) and phone numbers (including area codes), e-mail addresses, date, time, and place of Auxiliary Meeting. The information on Installation Reports is extremely important as all levels of the Auxiliary receive correspondence. From these reports, a mailing list is compiled for the Cootie Courier, Supreme, and Grand Rosters. **INCOMPLETE INSTALLATION REPORTS WILL BE RETURNED**. Send one (1) copy of the Auxiliary Installation Report to the Supreme Secretary, one (1) copy to the Supreme Treasurer, one (1) copy to the Grand Secretary and one (1) copy remains with the Auxiliary.

ONCE AGAIN, LEGIBLE AND ACCURATE INSTALLATION REPORTS - PLEASE!

SUPREME SECRETARY:

Georg Jean Zimmerman
304 Hilltop Lane
Chestertown, MD 21620

Home: 443-480-5656
E-mail: gzimmerman@atlanticbb.com
E-mail: gjazzzman@gmail.com

SAMPLE MINUTES Format MOCA

The regular meeting of _____ # ____ Date: _____ Location _____
was called to order by _____ at _____ am / pm

Opening Ceremonies were held according to Ritual with _____ members present. Dues collected \$ _____

Fun Officer stated fine of \$ _____ for _____ (Collected \$ _____)

Roll call found all present except _____ Pro Tem _____

Guests present: _____

Petitions for Membership from _____

Investigating Committee Report: _____

Motion to Accept Made by: _____ Second: _____ Motion carried /denied

Minutes for _____ were read and accepted / corrected: _____

TREASURER's REPORT:

General Fund Brought Forward _____ Receipts _____ Disbursements _____ Bal. _____

Hospital Fund Brought Forward _____ Receipts _____ Disbursements _____ Bal. _____

Checkbook Balance _____

Communications: (Supreme / Grand G/O & letters; Letters; notices) _____

Bills _____

Committee Reports:

Chaplain

Clown

Hospital/ Blood

Membership

National Home (Incl. Special Project)

Supreme President's Special Project

SAMPLE MINUTES Format MOCA

Ways & Means

Audit Report – None / read by _____

Audit Due: October 15 (July, Aug., Sept.), January 15 (Oct., Nov., Dec.), April 15 (Jan., Feb., Mar.), July 15 (April, May, June)

Fund	Old Balance	Receipts(+)	Disbursements (-)	New Balance
General Fund				
Per Capita				
Hospital				
Total				

Signed by Trustees: _____ on ___/___/_____

_____ moved to accept the audit, seconded by _____ Motion carried /denied

Unfinished Business:

New Business:

_____ moved and _____ seconded

that _____

Discussion: _____

Motion carried /denied

_____ moved and _____ seconded

that _____

Discussion: _____

Motion carried /denied

_____ moved and _____ seconded

that _____

Discussion: _____

Motion carried /denied

Trustees examined bills in amount of \$ _____ and _____ moved and _____ seconded that bills be paid. Motion carried / denied

Good of the Order / Announcements

MEETING closed according to ritual at (time): _____ Next meeting to be held: _____ (date).

Respectfully submitted, (name) _____, Secretary

TREASURER

From May-June, each Auxiliary Treasurer should receive a packet with the new Dues Cards, a Membership Roster of their Auxiliary, Blank Dues Cards, an Application Form, a Transmittal Form, an instruction guide on how to fill out the Transmittal Form, {the Delegate letter form to fill out is now available on-line & in the Courier}, an Order Form, with current Supply Prices. The Bond Application is sent out on odd years the current bonds expire August 31, 2019. These packets are sent out after the Supreme Treasurer receives the Installation Warrant/ Election Report for the new year. If you did not receive your packet, please contact the Supreme Treasurer to verify that the Installation Warrant was received. Each Grand Treasurer also receives a packet of Supplies and a Roster for the Grand.

Send your Transmittals in on a timely basis at least once a month. **Do not include any monies except membership on your transmittal check.** Please **print clearly** when writing names, addresses, etc., of Auxiliary Members. Be sure to include a copy of the Application for new, reinstated and Transfer Members signed by three Auxiliary Members in good standing. If you are paying a previous year's membership dues, put these on a separate transmittal, not with the current year's dues.

Only **Grand Treasurers** or **Auxiliaries Not in a Grand** send transmittal directly to the Supreme Treasurer. **All Treasurers** can send donations to me for **Supreme Hospital, Supreme Scholarship, Supreme President's Special Hospital Project, National Home, National Home Special Project, Ways & Means** and the **Love Gift for the Supreme President.**

Make all checks payable to the Supreme MOC Auxiliary and earmark where the funds are to go. All Supreme District Dues are mailed directly to your **Supreme District Treasurer.** All Grand Convention money is mailed directly to your **Grand Treasurer.** Do not send me your Year-End Reports; sent these to your Grand Chairmen. You will find the form "**Donations for Supreme Programs.**" Make extra copies to use throughout the year. Send a copy of the form, along with your check for donations to the Supreme Treasurer. Make copies of the form for the Grand Chairman's Year-End Reports. You can (and should) include all of your donations on **one check.** Just be sure to include the form showing where the donations are to be applied.

Membership: After two years of non-payment of dues, an individual member is dropped off the list for the next year. You do not need to send me the names of persons not paying their dues, the computer automatically does this. To obtain 100% in Membership for the following year, these Members must be replaced with new or reinstated Members.

The IRS has made a ruling that all non-profits must fill out Form 990's. This also means that each auxiliary needs its **own Employer Identification Number (EIN).** Since most banks also require these numbers, most auxiliaries have already gotten them. There are several ways to get an EIN. You can fill out a form SS-4 and send it in to the IRS; apply on-line (this issues the EIN immediately); apply by calling EIN Toll-Free Telephone Service (this also issues the EIN immediately); or apply by FAX by sending the completed SS-4. Once the auxiliary receives the EIN, send the information to the Supreme Quartermaster with a copy to the Supreme Treasurer so that auxiliary can be added to the Supreme MOC list for the IRS. Filing a 990 can be done by a simple online form. We, the MOC Auxiliary, are covered under the MOC blanket exemption for the IRS. You can state that we are exempt from taxes based on a determination letter dated January 1965. The auxiliary should check "YES" on paragraph H(d) Is this a separate return filed by an organization covered by a group ruling? Paragraph I Group Exemption Number is 1710. The website to file E-postcards is <https://sa.www4.irs.gov/epostcard/> be sure to use this site to file your 990 E-postcard. It is free and if you are asked to pay a fee you are on the wrong website.

Thank you for all of your support. All of you Treasurers do a great job in one of the most important positions in the Auxiliary. Keep up the good work that you do!

SUPREME TREASURER

Penney Howard
PO Box 34
Flora Vista, NM 87415

Home: 505-334-8605
Cell: 505-330-1023
E-mail: moca-supreme-treas@comcast.net

DONATIONS FOR SUPREME PROGRAMS

When sending a donation for any of the Supreme Programs, please use this Form and enclose it with your check. Make extra Forms for your use when sending additional donations. Make your check out as indicated. For Supreme Programs, you can put more than one donation on your check; just be sure to enclose this Form showing what Program(s) the check covers. Then send the check and Form to the **Supreme Treasurer** with a **copy** of this Form to your **Grand Treasurer**. To receive credit through your Grand, you must send a completed Form to the Grand Chairmen of the Programs you are donating to.

GRAND _____ AUXILIARY NAME & No. _____
CHECK No. _____ DATE _____

SUPREME PROGRAM DONATIONS:

MAKE CHECK OUT TO "SUPREME MOCA" AND MAIL TO SUPREME TREASURER.

SUPREME HOSPITAL FUND	\$ _____
SUPREME SCHOLARSHIP FUND	\$ _____
SUPREME PRES. SPECIAL HOSPITAL PROJECT	\$ _____
NATIONAL HOME	\$ _____
NATIONAL HOME SPECIAL PROJECT	\$ _____
SUPREME WAYS AND MEANS	\$ _____
SUPREME PRESIDENT'S LOVE GIFT	\$ _____
TOTAL AMOUNT OF CHECK	\$ _____

TOMB TREK

MAKE CHECK OUT TO "TOMB TREK COMMITTEE" AND MAIL TO JANE CHANNELL, 2728 HILLSIDE COURT, IJAMSVILLE, MD 21754.

NATIONAL HOME CHRISTMAS PARTY

MAKE CHECK OUT TO "QUARTERMASTER GRAND OF MICHIGAN" AND MAIL TO ERNEST PAULIN, 710 ALDRIDGE, LINDEN, MI 48451-9050.

SUPREME DISTRICT DUES

MAKE CHECK OUT TO **YOUR** SUPREME DISTRICT AND MAIL DIRECTLY TO SUPREME DIST. TREASURER.

ANY SPECIAL INSTRUCTIONS BY AUXILIARY: _____

Received at Supreme: Date: _____

Auxiliary Chairman: Be sure to send a copy of this form to each Grand Chairman so they can credit you for your donations to the Supreme Programs and for Grand awards at the end of the year.

Audit Form

QUARTERLY

AUXILIARY

Auxiliary Name and Number _____ Grand _____

For Period of _____ Through _____

Fund	Old Balance	Received (+)	Disbursed (-)	New Balance (=)
General				
Per Capita				
National Home				
S.P.S.P.				
Scholarship				
Total General				
Hospital				
Savings/CD's				
Total				(1)

Outstanding Checks _____ Bank Statement _____ **(2)**

# _____	Amount \$ _____	Outstanding Deposits (+) _____	
# _____	\$ _____	Outstanding Checks (-) _____	
# _____	\$ _____	Checkbook Balance (=) _____	
# _____	\$ _____	Cash On Hand: (+) _____	
# _____	\$ _____	Savings/CD's (+) _____	
# _____	\$ _____	Book Total (=) _____	(3)
# _____	\$ _____	TOTALS (1) & (3) MUST AGREE	
# _____	\$ _____		
# _____	\$ _____		
Total	\$ _____		

We find the books of the Secretary and Treasurer

In proper order as Audited on _____ Due Dates Jan – Mar by April 15

Trustee 1 _____ Due Dates Apr – June by July 15

Trustee 2 _____ Due Dates July – Sept by Oct 15

Trustee 3 _____ Due Dates Oct – Dec by Jan 15

Auxiliaries - Send Copy to Grand Treasurer as soon as books are audited.

Grands – Send Copy to Supreme Treasurer as soon as books are audited.

Auxiliaries not in a Grand – Send Copy to Supreme Treasurer as soon as books are Audited.

Item	Description	Price	Item	Description	Price
AUX-1001	Large Print Bylaws	\$15.00	AUX-6000	Small MOCA Desk Flag Set	\$10.00
AUX-1006	Podium complete Inserts w/o binder	\$15.00	AUX-6010	Auxiliary Banner, Kelly Green with gold lettering and fringe on three sides	\$650.00
AUX-1040	Binder for Membership History Cards	\$3.00	AUX-6015	Grand Banner, White with gold lettering and fringe on three sides	\$650.00
AUX-1041	Membership History Card	\$2.00	AUX-7000	Membership Pin	\$6.00
AUX-1050	Current Program Book	\$8.50	AUX-7005	Past Presidents Pin	\$20.00
AUX-1055	Large Roster	\$5.00	AUX-7006	President gavel pin with chain	\$15.00
AUX-1056	Small Roster	\$5.00	AUX-7007	Past Presidents gavel pin with chain	\$15.00
AUX-1400	Hat Bag	\$15.00	AUX-7010	Past Grand Presidents Pin (Ruby)	\$30.00
AUX-2000	MOCA Polo Shirt w/ MOCA emblem, or Current Presidents Emblem. Sizes S to XL.	\$45.00	AUX-7015	Past Supreme District President's Pin (Blue Sapphire)	\$30.00
AUX-2000X	MOCA Polo Shirt w/ MOCA emblem, or Current Presidents Emblem. Sizes 2XL to 4XL.	\$50.00	AUX-7020	Collar Pin (Gold)	\$12.00
AUX-2001	Personalization "Name" & "Title"	\$5.00	AUX-7030	Treasurer's Pin	\$6.00
AUX-2002	MOCA Polo Shirt "V" Neck w/ MOCA emblem or Current Presidents Emblem. Sizes S to XL.	\$45.00	AUX-7031	Treasurer's Key Guard 2/chain	\$6.00
AUX-2002X	MOCA Polo Shirt "V" Neck w/ MOCA emblem or Current Presidents Emblem. Sizes 2XL to 4XL	\$50.00	AUX-7035	Secretary's Pin	\$6.00
AUX-2001	Personalization "Name" & "Title"	\$5.00	AUX-7036	Secretary's Quill Guard w/chain	\$6.00
AUX-2077	MOCA Socks, Ked	\$10.00	AUX-7041	Chaplain's Pin Guard	\$6.00
AUX-2100	MOCA Apron	\$20.00	AUX-7050	Fun Bug pin	\$5.00
AUX-2550P	MOCA Tie, Plain	\$10.00	AUX-7055	Lady Bug hair pin (set of 2)	\$1.00
AUX-2550	MOCA Tie, Embroidered	\$20.00	AUX-8000	MOCA Pendant	\$5.00
AUX-3000	MOCA Official Shield Patch	\$6.00	AUX-8005	Post - MOCA Earrings	\$5.00
AUX-3001	MOCA Red & White Shield for pins w/flag	\$5.00	AUX-8010	Clip on - MOCA Earrings	\$5.00
AUX-3005	MOC-AUX Patch Round	\$5.00	AUX-8015	French Hook - MOCA Earrings	\$5.00
AUX-3010	Hospital Patch	\$5.00	AUX-9000	Red Case for Dues Card	\$2.00
AUX-3015	VAVS Representative Patch	\$5.00	AUX-9700	Tote Bag	\$35.00
AUX-3016	VAVS Deputy Patch	\$5.00			
AUX-4000	Small interior window decal	\$5.00		PRICES SUBJECT TO CHANGE	
AUX-4005	Small exterior use decal	\$5.00		Make checks payable to: Supreme MOC	
AUX-4010	Large exterior use decal	\$8.00		Mail to: Supreme Hdqts, 604 Braddock Ave. Turtle Creek, PA 15145	
AUX-5001F/M	Basic Member hat Female or Male Style	\$55.00		CREDIT CARD Orders Available: Phone 412-824-2240 or	
AUX-5002F/M	Auxiliary Officer hat Female or Male Style	\$65.00		go online to: WWW.LOTCS.ORG MOCA-MART under links	
AUX-5003F/M	Grand Officer hat Female or Male Style	\$65.00			
AUX-5004F/M	Supreme District Officer hat Female or Male Style	\$75.00		MINIMUM ORDER \$10.00	
AUX-5005F	Supreme President hat Female or Male Style	\$75.00			



Order Blank



Military Order of the Cootie of the U. S.
"The Honor Degree of the Veterans of Foreign Wars"

Mail To: Supreme Headquarters, MOC 604 Braddock Ave. Turtle Creek, PA 15145-2068

Order Date: _____

Item No.	Item	Cap Size	Chest Size	Waist Size	Quantity	Unit Price	Total Price

Shipping & Handling: **ORDER SUB-TOTAL: \$ \$0.00**
 Add \$5.00 for overseas Addresses! **GRAND TOTAL \$ _____**

NEED QUICKER DELIVERY? SEE BELOW!

Mail to the addressee below.

Pup Tent Name _____ Pup Tent No. _____
 Ship To _____ Office _____
 Street Address _____ City _____
 State _____ Zip _____ Phone: (_____) _____

Have you shown Item No. and Name of Each Item? **Check, Money Order OR CARD INFO is enclosed with this Order?**
 Shirt: Neck Size, Sleeve Size, Cootie Name and Number for each Shirt
 Sash: Waist Size, Tassel Color, and Name of Cootie is shown - Be sure size allows for the clothing to be worn under sash
 Hat: Size, Tassel Color and Lettering desired is shown
 Vest: Chest size, Waist size and Button Color is shown (Satin) **WE CAN EXPRESS SHIP! CALL FOR INFO!**
 Shirts: Please specify Dress or Sport Type

!! Be sure to enclose payment in accordance with current Price List!!

Supreme Headquarters, MOC
 604 Braddock Ave
 Turtle Creek, PA 15145-2068

ORDER ON THE WEB!!! WWW.LOTCS.ORG
PHONE: 412-824-2240
FAX: 412-824-1850

VISA® OR MASTERCARD® ONLY!

CC # _____
 Type of Card _____
 Expiration Date _____
 EXACT
 NAME ON CARD _____



Military Order of the Cootie Auxiliary



2020 GRAND TRANSMITTAL FORM

Date: _____ Transmittal No. 20- _____
Treasurer's Name: _____ Grand: _____
Address: _____ City: _____
State: _____ Zip Code: _____ If New Address: check box

Table with 11 columns: PT #, NAME, N/M, C/M, R/M, TR, NPT, Total Mem, Supreme PCT, TOTAL \$. It contains a grid of rows for entering member data, ending with a 'TOTAL' row at the bottom left.

GRAND TOTAL: includes Per Capita Tax \$ _____
Credit from previous transmittals _____
Check # _____
Check Amount - \$ _____

TOTAL MEMBERS THIS REPORT: _____
TOTAL PREVIOUS MEMBERS: _____
AUXILIARY GRAND TOTAL: _____
Receipt # _____
MAIL TO: MOCA Supreme Treasurer
P.O. Box 34
Flora Vista, NM 87415

N/M = NEW MEMBER
C/M = CONTINUOUS MEMBER
R/M = REINSTATED MEMBER
TR = TRANSFERRED MEMBER

SUPREME PER CAPITA TAX = \$7.00

REV: 2019-05
Forms available on-line at www.lotcs.org , click MOCA Emblem, click Forms, click Treasurer



**MEMBERSHIP APPLICATION
MILITARY ORDER OF THE COOTIE AUXILIARY**

Date: _____

Check Which Below

New Member

Transfer Member

Reinstated Member

Transfer From
Aux. No. _____

City _____

State _____

Member ID No. _____

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 \$ _____

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



MEMBERSHIP APPLICATION MILITARY ORDER OF THE COOTIE AUXILIARY

Date: _____

 Show above name, number and location of Pup Tent Auxiliary

Check Which Below

New Member

Transfer Member

Reinstated Member

Transfer From _____

Aux. No. _____

City _____

State _____

Member ID No. _____

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 \$ _____

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



MILITARY ORDER OF THE COOTIE AUXILIARY DEATH NOTICE

TO BE SENT TO THE GRAND TREASURER

Grand _____

Name: _____ Age: _____

Date of Death: _____ Annual Membership Number: _____

Pup Tent Name: _____ PT Number: _____

Pup Tent Charter Location: _____

MOCA (Aux/Grand/District/Supreme) offices held: _____

VFW Auxiliary Post No. _____

Offices (Post/District/Department) Held: _____

Civilian Employment: _____

Interment: _____

Survived by: _____

REPORT SUBMITTED BY:

Name _____ Title _____

Address: _____

City: _____ State _____ Zip: _____ Phone: _____

GRAND TREASURER SHOULD FORWARD THIS NOTICE TO:

**MOCA Supreme Treasurer
P.O. Box 34, Flora Vista, NM 87415**

CHAPLAIN

I would like to take this opportunity to *Congratulate* the newly elected Chaplains on all levels for the ensuing year, 2018-2019. The position to which you have been elected is the one office, in the Auxiliary to the Military Order of the Cootie, that is not only a sacred one, but you should be the person to whom your sisters & brothers turn to in times of despair and sickness. Your office is where the reflection of *Love and Caring* begins.

Auxiliary Chaplains:

It is your responsibility to send cards, make phone calls and visits to our Veterans, the MOC and MOCA members and their families who are sick, in the hospital or just shut-ins; verifying if anything is needed. Also, when requested, to preside at Memorial Services for those deceased members. A report needs to be forwarded to the Grand Chaplain by the 1st of every month, even if a *no report* statement is written on the form. Please include the names and addresses of sick MOCA members or family members and clarify (sister, brother, spouse, etc.) so cards may be sent. In the event of a death, please include the date and any pertinent information. Please print clearly, so that the Grand Chaplain can process the information and send out cards in a timely manner. On a separate sheet of paper, write a summary of your activities as Chaplain during the month. Remember, always retain a copy for your files to help you compile the year-end report. For Auxiliaries not in a Grand, the Auxiliary Chaplain should send Monthly Reports to the Supreme Chaplain.

Grand Chaplain:

Compile monthly the reports you have received from the Auxiliaries and mail to your Supreme District Chaplain and the Supreme Chaplain. Reports must be mailed by the 15th of each month. On a separate sheet of paper, prepare a short summary of your activities as Grand Chaplain. Remember to maintain copies of all reports submitted for your records. Compile a list of your deceased sisters/brothers for your Memorial Service. As Grand Chaplain, select an *Auxiliary Chaplain of the Year* for your Grand Convention. **Immediately** following your Grand Convention, it is important you send the Supreme Chaplain a copy of the Auxiliary Chaplains reports along with your completed year-end report form.

The Supreme Chaplain needs to be immediately notified of the illness or death of a Supreme MOC or MOCA Officer, Past Supreme Commander or President, Grand Commander or President and available details. In addition, the Supreme Chaplain needs the information and address of every brother/sister or family member who is sick, having an operation or just in need of cheering up, along with notices of loss of members or their family members. The Supreme Chaplain will e-mail, or snail mail out notices of all sickness and deaths received by her to the Supreme Council, Past Supreme Presidents, Grand Presidents and Chaplains, and those Auxiliaries not in a Grand. My intent is to send out via e-mail or snail mail a list of all the information reported on our sisters/brothers and families for all of your Chaplains to send cards as they choose. ***Our cheering up our MOC and MOCA family depends on you submitting information on all levels in a timely manner.***

Chaplain of the Year Criteria

Auxiliary and Grand will be judged on

- Timely reporting (do not forget due dates)
- Completeness of forms with Monthly Summary of activities on a separate sheet of paper
- Year-End Summary ***must be attached*** to the Year-End Report

AWARDS WILL BE GIVEN IN EACH MEMBERSHIP DIVISION

God bless each one of you as we pray together this year, whether in a meeting, at events or at home. May we make this year one of *Peace and Blessings* especially for our Veterans as we **KEEP THEM SMILING IN BEDS OF WHITE.**

SUPREME CHAPLAIN

Cathy Seippel
1146 Vail Road
Camp Verde, AZ 86322

602-332-1253
cathyspoodles1@yahoo.com

CHAPLAIN

MONTHLY

Mail to: Grand Chaplain

AUXILIARY

Date Due: 1st of Month

Date: _____ Auxiliary Name & No.: _____

Membership on April 30, 2019 _____

AS AUXILIARY CHAPLAIN:

Cards sent by you :	Get Well: _____	\$Amount Spent on: Phone calls: \$ _____
	Sympathy: _____	Memorials: \$ _____
	Thinking of you: _____	Flowers, Gifts, Food: \$ _____
	(include e-mail messages in the card count)	Postage: \$ _____

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended: _____

AUXILIARY REPORTS:

Cards sent by members :	Get Well: _____	\$Amount Spent on: Phone calls: \$ _____
	Sympathy: _____	Memorials: \$ _____
	Thinking of you: _____	Flowers, Gifts, Food: \$ _____
	(include e-mail messages in the card count)	Postage: \$ _____

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended: _____

Please **PRINT** the name and address of ill members in your auxiliary. (Please state illness.)

PRINT Name of deceased members in **YOUR** auxiliary. Include **Date of Death** and name and address to send cards.

Please send sympathy cards to:

Use reverse side to give a short summary of your activities as Chaplain.

Auxiliary Chaplain's Name

Address, City, State, Zip

E-mail: _____

CHAPLAIN

MONTHLY

GRAND

Mail to: **Supreme Chaplain**
Cathy Seippel
1146 Vail Road
Camp Verde, AZ 86322

Due Date: 15th of each month
602-332-1253
cathyspoodles1@yahoo.com

Month of _____ Date: _____ GRAND _____
Number of Auxiliaries in Grand _____ Number of Auxiliaries reporting _____

AS GRAND CHAPLAIN:

Cards sent by **you**: Get Well: _____ **\$Amount Spent on:** Phone calls: \$ _____
Sympathy: _____ Memorials: \$ _____
Thinking of you: _____ Flowers, Gifts, Food: \$ _____
(include e-mail messages in the card count) Postage: \$ _____
Number of phone calls made to the sick: _____
Number of visits made to the sick: _____
Number of funerals attended: _____

.....

AUXILIARY REPORTS:

Cards sent by **members**: Get Well: _____ **\$Amount Spent on:** Phone calls: \$ _____
Sympathy: _____ Memorials: \$ _____
Thinking of you: _____ Flowers, Gifts, Food: \$ _____
(include e-mail messages in the card count) Postage: \$ _____
Number of phone calls made to the sick: _____
Number of visits made to the sick: _____
Number of funerals attended: _____

.....

CALL THE SUPREME CHAPLAIN IF A SUPREME OFFICER, SUPREME CHAIRMAN, OR GRAND PRESIDENT IS ILL OR DECEASED.

Print name and address of ill members of Your Grand only. Please include illness.

Print name and Aux # of deceased MOCA members of Your Grand. Include date of death and name and address to send cards.

Grand Chaplain's Name _____ Address, City, State, Zip _____
E-mail: _____

CHAPLAIN

GRAND

YEAR-END

Grand Convention

Mail to: **Supreme Chaplain**
Cathy Seippel
1146 Vail Road
Camp Verde, AZ 86322

Due Date: Immediately following
602-332-1253
cathyspoodles1@yahoo.com

Date: _____ Grand: _____

Number of Auxiliaries in Grand _____

Number of Auxiliaries reporting to you _____

Auxiliaries (by the number) that reported monthly _____

AS GRAND CHAPLAIN: (year-totals)

Cards sent by **you**: Get Well: _____

Sympathy: _____

Thinking of you: _____

(include e-mail messages in the card count)

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended: _____

\$Amount Spent on: Phone calls: \$ _____

Memorials: \$ _____

Flowers, Gifts, Food: \$ _____

Postage: \$ _____

Did you conduct Memorial Services at your Grand Convention? _____
.....

AUXILIARY REPORTS: (year-totals)

Cards sent by **members**: Get Well: _____

Sympathy: _____

Thinking of you: _____

(include e-mail messages in the card count)

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended: _____

\$Amount Spent on: Phone calls: \$ _____

Memorials: \$ _____

Flowers, Gifts, Food: \$ _____

Postage: \$ _____

.....
Print Name and Auxiliary Number of deceased members of **Your** Grand. Include date of death and name and address to send cards.

Attach a Summary of your activities over the year you served as Grand Chaplain to be in competition for Supreme Chaplain of the Year. Include only those activities pertaining to your office.

Grand Chaplain's Name _____
E-mail: _____

Address, City, State, Zip _____

CHIEF OF STAFF

Work closely with the Grand President. You are under her jurisdiction. Know and understand all of our Supreme Programs so you will be ready to help. Re-read the Supreme By-Laws and Ritual, especially Article II, Sections 201, 202 and 203.

FORMATION OF NEW AUXILIARIES:

1. Contact Bachelor Pup Tents and explain the advantages of having an Auxiliary. Be aware of new Pup Tents. Personal contact does wonders.
2. An Auxiliary cannot be formed until approved by an MOC Pup Tent at a stated Meeting AND by the sponsoring VFW.
3. After completion of this procedure, the Seam Squirrel fills out the New Auxiliary Application and contacts the Grand MOC Auxiliary Chief of Staff. This Application along with the Certificate of Confirmation and a \$50.00 Charter Fee is then forwarded to the Supreme Treasurer.
4. The Application for a New Auxiliary form received by the Supreme Treasurer includes a listing of at least ten (10) New or Reinstated Applicants who are Members of the VFW Auxiliary VFW. They must have a current dues card, be a Member in good standing for at least six (6) months and be at least sixteen years of age.
5. The Supreme Treasurer will forward the following to the MOCA Organizer of the new Auxiliary:
 - One Podium By-Laws Book and Eight Rituals
 - One Fun Program Booklet
 - Membership Application Card
 - Current Dues Cards, Transmittal Forms, and Treasurer's Guide
 - Hospital Report Forms
 - Supply Order Forms with current Price.
 - Supreme President's Program CD including Forms and Roster
 - Application for a Bond
 - Institution Warrant
 - Installation Warrant
 - Closing Charter Forms

ORGANIZATIONAL MEETING:

1. Contact prospective Members by mail or phone. Arrange a place, date, and time for a meeting to explain the purpose of our Organization and to hold election of Officers. Arrange to arrive early so you can greet the prospective Members.
2. Advise Members when considering appropriate dues that the Auxiliary incurs several expenses:
 - Charter Fee of \$50.00
 - Treasurers Bond
 - Supreme Per Capita Tax of \$7.00 per Member
 - Grand Per Capita Tax (if in a Grand)
 - Membership Pins
 - By-Laws Books
 - Other Obligations and Supplies
3. The Chief of Staff should leave the Meeting at this point and allow the members to accept Transferring members, elect Officers (they may include transferring members) and decide on dues. Be sure to advise them to choose a Chairman to conduct the Meeting and a Secretary to record the Meeting minutes.
4. The Chief of Staff, upon returning to the meeting, will instruct the Treasurer-elect to open a checking account in the name of the Auxiliary, requiring two signatures on all checks, with the money (dues and initiation fees). You should also instruct the Treasurer-elect to file for an EIN and obtain books for the minutes and ledger.
5. As Chief of Staff you should plan to attend the first few meetings to be available to assist and answer questions.

INSTITUTION AND INSTALLATION:

1. Refer to Supreme By-Laws, Article 203 on Institution and Installation of Auxiliaries.
2. The Grand President having jurisdiction shall appoint an Officer to Institute the Auxiliary and Install Officers, or authorize any Supreme, Grand, Past Supreme or Past Grand Auxiliary Elected Officer or deputized Chief of Staff in accordance with the rules and usages of this Organization. Any Member may organize an MOC Auxiliary, but they cannot Institute or Install, unless they hold or have held, one of the above Offices.
3. Following the Institution and Installation, complete the Installation Report and mail a copy to the Supreme Treasurer and the Supreme Secretary.
4. At this point, assist the Treasurer in making out a Transmittal Form and the Application Cards.
 - The Auxiliary retains one (1) copy of the Application and one (1) copy of the Transmittal Form.
 - Send the Grand Treasurer two (2) copies of the Application & Transmittal Forms, the Grand Per Capita, and the Supreme Per Capita **TODAY**. The Grand Treasurer will process the dues as usual and forward to the Supreme Treasurer. If you are not in a Grand the Instituting/Installing Officer should send one (1) copy of the Applications, one (1) copy of the Transmittal Form and the Supreme Per Capita to the Supreme Treasurer **immediately**.
5. **The Treasurer's Bond:** You have **TWO** options
A check for \$8.00 (per \$1000) may be made payable to the Tallman Insurance Company and sent to TIA, 406 West 34th Street – Suite 806, Kansas City, MO 64111
OR a check for \$14.00 (per \$1000) may be made payable to the Supreme MOC, and mailed to Supreme Headquarters, 604 Braddock Avenue, Turtle Creek, PA 15145.
The Treasurer's Bond should include:
 - Auxiliary Name and Number
 - President's Name and Address
 - Bank Name and Address
 - A copy of the bond **MUST** be sent to the Supreme Treasurer P O Box 34 Flora Vista, NM 87415 and Supreme Quartermaster, Supreme Headquarters, 604 Braddock Avenue, Turtle Creek, PA 15145.
6. Instruct and assist the Treasurer in filling out a supply order.
7. Instruct and assist the Hospital Chairman in filling out the Hospital Form.

Charter:

The Charter shall remain open for a period of **sixty (60) days** after Institution. The Closing Charter Application Form **must be completed** at that time. This Form should be printed or typewritten, and names listed in **alphabetical order**. Re-check all information on the Closing Form to be sure of correct spelling, numbers, and dates. Charters cannot be changed or corrected without a fee, unless an error was made on the part of the Supreme Office. It is the responsibility of the Instituting Officer to mail the Charter Application to the Supreme Treasurer at **the close of sixty (60) days**.

Please note: Transfer Members cannot be counted in the first ten Members that form the New Auxiliary. They may be added thereafter and included on the Charter.

EXTENSION AND RETENTION:

We are not in the business of pulling Charters and this should be recommended **ONLY** as a last resort. So please, do your part to keep Auxiliaries that may be faltering. It is more important to keep current Auxiliaries than replace them with new ones. If an Auxiliary loses its Pup Tent and there is a bachelor Pup Tent that votes to accept them, the Auxiliary can apply for a change of name and number. For details contact the Supreme Chief-of Staff or the Supreme Treasurer.

SUPREME AWARDS:

- Citation to each Grand forming a new Auxiliary
- Citation to each Member who forms a new Auxiliary
- Citation to Member who forms the most new Auxiliaries
- Citation to Member who forms a new Grand

1st, 2nd and 3rd place Awards to Grands having the largest net gain in Auxiliaries (gain minus any Auxiliaries lost).

CHIEF OF STAFF

YEAR-END

GRAND

Mail to: **Supreme Chief of Staff**
Peggy Bell
371 Kentucky Avenue
Ft. Lauderdale, FL 33312

Due: Immediately Following
Grand Convention
Phone: 954-609-9489
E-mail: peggythomasbell626@att.net

Date: _____

Grand: _____

Number of Auxiliaries in Grand on April 30, 2019: _____
April 30, 2020: _____

Did you contact all bachelor Pup Tents? _____

Number of Auxiliaries Instituted and Installed between July 1, 2019 and April 30, 2020: _____

Number of Auxiliaries defunct between July 1, 2019 and April 30, 2020: _____

Name and Number of Auxiliaries you were able to HELP to keep from going defunct?

Name, Number and Location of EACH New Auxiliary and Name of Organizer:

Attach a summary of your activities demonstrating your work and interest in your duties as Chief of Staff to the MOC Auxiliary.

Grand Chief of Staff

President

Address

E-mail: _____

City, State, Zip

E-mail: _____

**APPLICATION FOR CLOSING LOCAL AUXILIARY CHARTER
TO
MILITARY ORDER OF THE COOTIE**

“The Honor Degree of the Veterans of Foreign Wars”

NEW CHARTER

REORGANIZED

_____ Auxiliary # _____ City _____ Hunting Grounds of _____
Name _____ State _____

Print or Type Names

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Date of Auxiliary Institution _____

Date Charter Closed _____

We, the undersigned Auxiliary Officers, have checked the list of names presented hereon and certify that they are correctly spelled and that each member whose name is listed hereon has been regularly inducted into the Auxiliary according to the customs prescribed by the by-laws and that their names should be inscribed on the Charter of this Auxiliary.

Signed:

President: _____

Address: _____

Treasurer: _____

Address: _____

Secretary: _____

Address: _____

Mail to Supreme Treasurer

Charter mailed: _____

Inspector

The office of Inspector is an important one in any organization. The Supreme President will appoint inspectors for Supreme Districts, Grand Auxiliaries, and Auxiliaries not in a Grand. The Grand President will appoint Inspectors for her Grand Auxiliaries, but a member may not inspect her own auxiliary. Should you be appointed as an Inspector, study your By-Laws so that you will be prepared to answer any questions that arise.

Every auxiliary is to be inspected each year. Inspections are to be performed at a regularly scheduled auxiliary meeting and may start as early as August 6th. Inspectors do not audit auxiliary books, but should review the books to ensure that they are done according to Supreme By-Laws, that audits are done on a quarterly basis, that the auxiliary has a current bond, that the auxiliary has an EIN number and that the IRS Form 990 is done annually.

If an auxiliary's books are not in order, an Inspector may decline to sign the books and should contact, as applicable, the Supreme or Grand President to report the problem and receive direction on how to proceed.

By direction of the Supreme Auxiliary, new auxiliaries should not be inspected until six months after Institution. The only exception to this is if an auxiliary is instituted less than six months, but more than ninety days prior to the Supreme Convention.

Inspection forms should be sent to the Supreme Inspector immediately after an inspection is performed. The Supreme Inspector will forward copies to the Supreme President.

All local auxiliaries should be 100% inspected by December 31st and reported by January 31st. Supreme District and Grand Auxiliary Inspections should be completed and sent immediately after inspection.

Awards for the best reporting, based on the number of auxiliaries in a Grand, will be presented at the Supreme Convention as follows:

- Category 1: 1 – 4 Auxiliaries
- Category 2: 5 – 7 Auxiliaries
- Category 3: 8 or more Auxiliaries

Inspectors appointed by the Supreme President, who have completed their assignments, will be recognized at the Supreme Convention.

If I can be of any service to Auxiliaries or to Inspectors, please feel free to contact me.

Supreme Inspector

Renee Graham
3839 Quailhollow Court
Springfield, OH 45502

Home: 937-325-3911
Cell: 937-206-0050
E-mail: graham.renee68@yahoo.com

INSPECTOR

**AS INSPECTED
(UNTIL 100%)**

GRAND

Mail to: **Supreme Inspector
Renee Graham
3839 Quailhollow Court
Springfield, OH 45502
graham.renee68@yahoo.com**

Due Date: As Auxiliaries are Inspected

Date: _____

Grand: _____

Number of Auxiliaries in Grand: _____

Auxiliaries Inspected to date: _____

100% Inspected and Reported on: _____

REMARKS (pertaining to enclosed Auxiliary Inspections):

Grand Inspectors: DO NOT HOLD REPORTS. Attach this Form to the Supreme Copy of the Auxiliary Inspection Report. Send Reports monthly as Inspections are completed.

Grand Inspector

Phone Number

Address

E-mail: _____

City, State, Zip

INSPECTOR

YEAR-END

GRAND

Mail to: **Supreme Inspector
Renee Graham
3839 Quailhollow Court
Springfield, OH 45502
graham.renee68@yahoo.com**

Due Date: Immediately Following
Grand Convention

Date: _____

Grand: _____

Membership on April 30, 2019: _____

Number of Auxiliaries in Grand: _____

Number of Auxiliaries **you** inspected: _____

Number of Auxiliaries inspected by others: _____

TOTAL Auxiliaries inspected in the Grand: _____

Were Inspection Reports sent promptly to Supreme? _____

When inspecting, were Transmittal Reports Checked? _____

Did you check the Treasurer's Bond? _____

Were Quarterly Audits made of Auxiliary Secretary's and Treasurer's Books? _____

REMARKS:

Grand Inspector

Grand President

Address

E-mail: _____

City, State, Zip

E-mail: _____



SUPREME MOC AUXILIARY AUXILIARY INSPECTION REPORT



Auxiliary to _____ Pup Tent No. _____ Grand of _____

Regular Meetings are held on _____ at _____

Day Location

Members in good standing to date for current year _____ Total members in good standing for previous year _____

How does Auxiliary vote on new members? Ballot Voice

Amount of initiation fee \$ _____ Annual Dues \$ _____

Does Treasurer check current paid VFW Auxiliary dues card before accepting MOC Auxiliary dues? Yes No

Number of meetings held last year? _____ Are Official Communications read at meetings? Yes No

Are Official Communications retained in a file as required? Yes No

Does the Auxiliary use an authorized method of record keeping? Yes No

Does the Treasurer account separately for the General Fund and the Hospital Fund? Yes No

Are the Secretary's and Treasurer's records at the meeting? Yes No

Is the office of the Treasurer bonded? Yes No Name of Bonding Company _____

Amount \$ _____ Expiration Date _____

Name and address of local Bank _____

Total amount of funds in Checking Account? \$ _____ Total invested in Savings, CD's, etc. \$ _____

Are checks countersigned by the President? Yes No

Are the books of the Secretary and Treasurer audited quarterly? Yes No

Does the Auxiliary use current Supreme By-Laws? Yes No Supreme Ritual? Yes No

Were plans made at this meeting for Hospital work? Yes No

Was the Auxiliary represented at last Grand meeting? Yes No Supreme Meeting? Yes No

What is the Auxiliary's outstanding yearly project? _____

Does Auxiliary have an EIN Number? Yes No Number _____

Date last 990 was filed? _____

Remarks and suggestions by Inspecting Officer and Auxiliary President _____

Signed _____

Auxiliary President

Date _____

Signed _____

Inspecting Officer

Title: _____

Copies to Supreme Inspector, Grand Inspector and Local Auxiliary



SUPREME MOC AUXILIARY GRAND AUXILIARY INSPECTION REPORT



GRAND AUXILIARY OF _____ DATE _____

1. Number of Auxiliaries as of this date? _____ Number of Members? _____
2. Number of Auxiliaries instituted during this administration? _____
3. Number of Auxiliaries defunct during this administration? _____
4. Number of Auxiliaries visited by the Grand President? _____ Inspector? _____
5. Number of Council of Administration meetings held? _____
6. Number of General Orders issued? _____
7. Are meetings conducted according to the Ritual and By-Laws? Yes No
8. Have the books of the Secretary and Treasurer been audited AND reported? Yes No
9. Has the Treasurer forwarded Per Capita Tax and Transmittal Forms to the Supreme Treasurer as Required? Yes No
10. Is the office of the Treasurer bonded? Yes No Amount \$ _____
With whom? _____
11. Is there cooperation between the Grand Pup Tent and the Grand Auxiliary? Yes No
12. Did the Grand Chief of Staff contact Bachelor Pup Tents? Yes No
13. Did the Grand Auxiliary receive reports from the Pup Tent Auxiliaries? Yes No
14. Did the Grand Auxiliary contribute to the Supreme Hospital Fund? Yes No
Amount \$ _____
15. Did the Grand Auxiliary contribute to the Supreme President's Special Project? Yes No
Amount \$ _____
16. Did the Grand Auxiliary contribute to the Supreme Auxiliary Scholarship Fund? Yes No
Amount \$ _____
17. Did the Grand Auxiliary contribute to the Supreme VFW National Home Fund? Yes No
Amount \$ _____
18. Did the Grand Auxiliary contribute to the Supreme VFW National Home Special Project? Yes No
Amount \$ _____
19. EIN Number? _____
20. Date last 990 was filed? _____

Remarks _____

Signed _____

Grand President

Signed _____

Inspecting Official

Title: _____



SUPREME MOC AUXILIARY DISTRICT INSPECTION REPORT



SUPREME AUXILIARY DISTRICT # _____ DATE _____

1. Number of Grands in District? _____ Number of Auxiliaries? _____
2. Number of Auxiliaries instituted during this administration? _____
3. Number of Auxiliaries defunct during this administration? _____
4. Number of Grands visited by the District President? _____ Inspector? _____
5. Number of Council of Administration meetings held? _____
6. Number of General Orders issued? _____
7. Does the District use current Supreme By-Laws? Yes No Supreme Ritual? Yes No
8. Have the books of the Secretary and Treasurer been audited AND reported? Yes No
9. Is the office of the Treasurer bonded? Yes No Amount \$ _____
With whom? _____
11. Is there cooperation between the District Pup Tent and the District Auxiliary? Yes No
13. Did the District Auxiliary receive reports from the Grand Auxiliary? Yes No
14. Did the District Auxiliary contribute to the Supreme Hospital Fund? Yes No
Amount \$ _____
15. Did the District Auxiliary contribute to the Supreme President's Special Project? Yes No
Amount \$ _____
16. Did the District Auxiliary contribute to the Supreme Auxiliary Scholarship Fund? Yes No
Amount \$ _____
17. Did the District Auxiliary contribute to the Supreme VFW National Home Fund? Yes No
Amount \$ _____
18. Did the District Auxiliary contribute to the Supreme VFW National Home Special Project?
Yes No Amount \$ _____
19. EIN Number? _____ Date last 990 was filed? _____

Remarks _____

Signed _____
District President

Signed _____ Title: _____
Inspecting Official

Send 1 copy to the Supreme Auxiliary Inspector

VETERANS AFFAIRS VOLUNTARY SERVICE (VAVS)

The **National Certifying Officer**, who is the **Supreme VAVS Representative** Rebecca Wischmeyer, certifies all recommendations for VAVS Representatives, Deputies and Associates. Certifications are for an indefinite period and must be made by the Grand President to the Supreme VAVS Representative. For Auxiliaries not in a Grand, an Auxiliary President may send her recommendations directly to the National Certifying Officer. Once a Representative is made Honorary, she may not be a Representative or Deputy again. The Recommendation form must be completed listing the full name, address and telephone number of the appointee and the name and address of the VA Medical Center.

All VAVS Representatives, Deputies and Associates are Grand Appointments, and shall wear white tassels (if this is their highest office). New Representatives and Deputies will receive a patch when certified. The patch is to be worn 1½ inches from the seam on the right sleeve. Extra patches cost \$4.00.

If a Representative or Deputy misses three (3) VAVS Meetings, the VA facility will drop the individual from the roster. If ALL the Members miss three meetings, the **ORGANIZATION** will be dropped from the VAVS Committee until new certifications can be made. VAVS Representatives, Deputies and Associates must report their hours, etc., to their Auxiliary Hospital Chairman. They receive credit for hours attending VAVS Committee Meetings.

We need regularly scheduled volunteers. These members should be willing to work at least once every month, take orientation and stay current at the Voluntary Service by completing their mandatories for JACHO. Volunteers must sign in electronically every time they go to the VA Medical Center. The VA keeps computer records on all volunteer hours and the VAVS Representatives will receive this information. **The Grand President should visit each VA Medical Center in her Grand.**

A VAVS Representative or Deputy of a Grand **may not have a checkbook**. Money from the auxiliaries is to be sent directly to either the Grand Treasurer or the Chief of Voluntary Services. Be sure to earmark the project to which you are donating so your money will go to the proper fund. The Grand Treasurer shall expend monies from the VAVS fund upon presentation of attached bills. The Grand Treasurer sends checks only if they are covered in the Grand Budget or by a motion on the Grand floor.

Your **VAVS Joint Annual Reviews** are very important. They are required to be done in the month of September, and a copy forwarded to the Supreme VAVS Representative and the Grand President. It is your responsibility to contact the Voluntary Service in your VA Medical Center to set up the appointment in September.

Shirley McCaulla Memorial Plaque may be awarded to one **outstanding** VAVS Representative every year. Your Organization, Growth and Joint Annual Reviews will be based on 100% participation for this Award.

Supreme VAVS Representative:

Rebecca Wischmeyer
904 Bourn Avenue
Columbia, MO 65203

Home: 573-999-3666
Cell: 573-999-3666
E-mail: rwischmeyer2018@gmail.com

VAVS REPRESENTATIVE

YEAR-END REPORT

GRAND

Mail to: **Supreme VAVS Representative**
Rebecca Wischmeyer
904 Bourn Avenue
Columbia, MO 65203

Report by: April 30, 2020

Date: _____

Grand: _____

Name of VA Medical Center: _____

Mailing Address: _____

Name of Representative: _____

Date of Annual Joint Review: _____

Number of hours you worked this year at VA Medical Center for MOCA: _____

Number of VAVS meetings you attended: _____

How many volunteers did you recruit during current year: _____

Type of programs or parties held during current year: _____

Remarks: _____

Name and number of MOC Auxiliaries volunteering at this facility: _____

Name of person making report

Title

Address, City, State, Zip

E-mail

MAIL ONLY ONE COPY!



AUXILIARY
TO THE
MILITARY ORDER OF THE COOTIE
OF THE U.S.A.



From the Office: Supreme MOCA Certification Form
 Rebecca Wischmeyer, PSP
 Supreme VAVS Representative
 MOC Auxiliary
 904 Bourn Ave
 Columbia, MO 65203

Dear Chief of Volunteer Service:

I am the Supreme VAVS Representative for the Military Order of the Cootie Auxiliary.
 The Grand President of _____ Auxiliary President: _____
 Recommends: The following VAVS Representative:

Name: _____
 Address: _____

 Email: _____
 Phone: _____

VAVS Deputy:

Name: _____
 Address: _____

 Email: _____
 Phone: _____

This position is indefinitely until further notice. If any questions or concerns about these representatives from the Military Order of the Cootie Auxiliary, don't hesitate in notifying me by email or written notification. You may also reach me by phone at 573-999-3666, Email: Rwischmeyer2018@gmail.com .

Sincerely,
Rebecca Wischmeyer

Chief of Volunteer Service: _____ Signature

Give a copy to the Chief of Volunteer Service Mail a copy to the Supreme VAVS Representative
Keep A copy for yourself as President

HOSPITAL

AUXILIARY

1. The Hospital Report can be found on the MOC web site www.lotcs.org. The report must be e-mailed to the Grand Chairman to be received by the FIRST of the month. If you cannot e-mail, then three copies must be mailed at your own expense to be received by the Grand Chairman by the First of the month. All Auxiliaries not in a Grand should e-mail or mail to their Supreme District Commissioner.
2. Keep an accurate record of Hospital Hours for each Member of the Auxiliary.
3. Names should be in alphabetical order by LAST name. DO NOT USE NICKNAMES. PLEASE NOTE ON THE HOSPITAL REPORT EACH MONTH IN THE INFORMATION COLUMN DECEASED, TRANSFERRED, NEW MEMBERS OR ANY MEMBERS THAT HAVE CHANGED THEIR NAMES.
4. Reports must reach the Supreme Hospital Commissioner within 90 days of the date of the Hospital visit to be accepted. Hours are counted only on Hospital Reports sent to Supreme through proper channels.
5. Credit CANNOT be taken for both the VFW and MOC Auxiliaries for the same visit unless it is a split visit with split time.
6. All time must be volunteered. Time is not counted for Members working as paid employees of any Hospital or Nursing Home.
7. Members are responsible for seeing that their hours are reported and recorded properly by the Auxiliary Chairman. Hours should be reported as the visit is completed. Be sure to report date of visit, hours visited, where visited, how many patients visited, round trip mileage and any gifts and/or refreshments you took.
8. Hospital Reports should be for ONE hospital only. Reports with more than one visit can be done but should LIST EACH VISIT BY DATE. Forms should be legible and not crowded. Use a separate sheet if needed.
9. When combining Reports for one person, list each by separate date. This will show the number of visits under # of Members. It would be 1 Member x 16 visits = 16 members.
10. Take credit for ALL work done and use the Credit Allowance Forms on the following pages. Reports MUST be filled in completely to ensure each Member is given proper credit.
11. Hospital Pins are for 100, 300, 500, 700, 1000, 1500, 2000, 2500, 3000, 4000, 5000, 6000, 7500, 10000, 15000, 20000, 25000, and 30000. Special Award for 40000 +. Hours from previous years are added to the current year. Hours run continuously.
12. Year End for Hour Pins is January 31. Year pins run from February 1st through January 31st.
13. Members will receive Pins at their Grand Convention (from Auxiliary Chairman if not within a Grand). It is not necessary to return previous pins received-return if possible.
14. Yearly quota is \$250 per Member, based on April 30, 2019 Membership. (# of Members in Auxiliary x \$250.00 = quota)
15. **Year runs from May 1, 2019 through April 30, 2020.**
16. **Blood** is reported on **hospital report form under gifts** with project hours and mileage reported on hospital report form by member's name.

GRAND

1. Make sure the Auxiliary Chairmen have copies of the whole Program including blank Hospital Forms (for making copies if needed).
2. All Grand Hospital Chairmen must retain a record of the hours sent in on the Hospital Reports.
3. The MONTHLY HOSPITAL REPORT should be compiled ONCE A MONTH from the Auxiliary Reports. E-mail this report along with your Hospital Reports to your District Commissioner to be received by the 10th of each month. If you cannot e-mail, then 2 copies of each report must be mailed at your own expense. Remember to keep a copy of all reports.
4. REPORTS MORE THAN 90 DAYS OLD WILL BE RETURNED AND NOT COUNTED.
5. Correct any errors on the Hospital Reports and e-mail **or mail** corrected report to Auxiliary.
6. Make sure to include all forms needed.
7. You are responsible to the District Hospital Commissioner. You promote Hospital work and Blood donations within the Grand. Keep the Grand President informed of what is going on in her Grand and report Auxiliaries not reporting.
8. It is your responsibility to see that the signed Pin Form, any Pins not claimed, and returned pins are sent to the Supreme Commissioner by June 30th.
9. April 30th is the Year End. Awards are made at the Supreme Convention on reports ending April 30th and received by Supreme Commissioner by May20th.

DISTRICT COMMISSIONER

1. Once a month compile the MONTHLY HOSPITAL REPORT from all Grand Reports and Auxiliaries not in a Grand from your District **mail** to the Supreme Hospital Commissioner to be received by the 20th of the month, correcting any errors that were missed.
2. E-mail **or mail** to the Grand Chairmen and Auxiliary Chairman not in a Grand any corrections that you or the Supreme Commissioner makes.
3. Be a liaison between Grand and Supreme.

AWARDS

1. **Citations** to the Auxiliary and Auxiliary Chairman for 300% or over quota.
2. **Plaques** to Auxiliaries by membership groups based on reports, correctness, %, etc.
3. **Plaques** to top 3 Grands based on reporting, correctness, %, etc.
4. **Blood Pins as earned**

ALLOWABLE HOSPITAL CREDITS

Credits will be allowed for visits and work done in and for ANY Hospital (VA Medical Center, Children's Hospital, State Hospital, or Nursing Home). VISIT Hours are for any work done IN any Hospital or Nursing Home (parties, visits, VAVS meetings, regular volunteer). PROJECT Hours are the time spent getting ready for the Hospital Visit, such as baking, preparing food, making lap robes, and other items for the Hospitalized Patient. Report all hours to nearest 0.25 hour.

TRAVEL HOURS

1. Travel hours are reported round trip.
2. Report to the nearest 0.25 hour. Example: to hospital-7 minutes and from hospital 7 minutes = .25 hour.

VISIT HOURS

1. Visiting throughout any Hospital, making bedside visits to patients, working on Bingo games in Hospitals, writing letters, etc.
2. Hours spent attending VAVS Meetings and orientation courses (NOT recognition dinners).
3. A Member working as a regular volunteer in a Medical Center, VA Clinic or VA Fisher House may receive up to nine (9) hours per day maximum credit.

PROJECT HOURS

1. Hours spent making refreshments or making articles such as lap robes, bibs, tray favors, etc.
2. Hours spent washing, mending, ironing, or sewing articles to be donated to the Hospital.

GIFTS

1. Hospital Reports should include the Supreme President's Special Hospital Project donations soon after it is given.
2. Cash for Bingo, blood, puzzles, lap robes, tray favors, flowers, toll road cost. List quantities and value of each item.

Where Credit is NOT Allowed

1. Hours are not allowed for assisting or visiting senior citizens (unless they are Patients in a Hospital or Nursing Home).
2. Assisting Veterans' dependents or Veterans outside the Hospital, such as providing food, transportation to medical appointments, church, shopping and entertainment.
3. Working on community service projects, such as assisting Red Cross bloodmobiles, Meals on Wheels, putting out or picking up donations cards or cans, answering telephones (for heart, cancer, kidney, MD, etc.) or donations to same.
4. Attending Memorial Services, Funerals, or furnishing food or flowers for bereaved families. This belongs on the Chaplain's Report.
5. Assistance or visit to any Member of your family or your husband's family (this includes nieces, nephews, in-laws, etc.) Time spent visiting other patients can be taken, but NO MILEAGE.
6. Time it takes to make out reports.
7. Time spent shopping for personal gifts to Patients or collecting items from other Members to be donated.
8. Time spent dressing as a Clown or putting on make-up.
9. Donations to National Home, Scholarship, Salvation Army, Goodwill, and other Organizations ARE NOT HOSPITAL donations.
10. Time spent shopping for regular Hospital Programs and visits IS NOT ALLOWED. Reasonable shopping hours may be allowed for large parties or large numbers of gifts for special occasions.
11. Time spent fund raising.

SUPREME HOSPITAL COMMISSIONER:

Janis Wimmer
5980 Hwy 54 S Unit 3753
Alamogordo, NM 88311-9522

Cell: 575-491-5159
Home: 878-437-0053
E-mail: kachina1@q.com

BASIC CREDIT ALLOWANCES
LIST QUANTITY AND VALUE FOR ALL GIFTS AND REFRESHMENTS

Amusements & Entertainment

Ball Games, movies, shows, etc.

Mileage is allowed for taking patients to these functions, but the allowance is for MOCA

Members only.

Amateur Entertainment

CREDIT UNDER ENTERTAINMENT
 Actual Cost
 \$10 per visit for NON-MEMBERS only at
 AUXILIARY'S request

Professional

Actual Cost

Blood (with donation date)

Whole blood (per unit)

Plasma (1 unit per day)

Platelets (1 unit per day)

Platelets (2 units per day)

CREDIT UNDER GIFTS

\$70.00 + 2 Project Hours (once every 8 weeks)

\$70.00 + 2 Project Hours (once every 3 days)

\$70.00 + 3 Project Hours (once every 7 days)

\$100.00 + 4 Project Hours (once every 7 days)

Books/Magazines

New

Used (Books)

Used (Magazines)

CREDIT UNDER BOOKS & MAGAZINES

Actual Cost if taken as Patient gift

Half Price

\$1.50 each

Clothing

New

Used

CREDIT UNDER CLOTHING

Actual Cost if taken as Patient gift

Credit per CLOTHING ALLOWANCE FORM

A dress is a dress, whether formal or street

ITEM

CREDIT UNDER GIFTS

Bibs

Cloth (12" x 12")

Cloth (20" x 20")

Knitted (12" x 12")

Knitted (20" x 20")

\$2.00 + 2 Project Hours each

\$3.00 + 2 Project Hours each

\$2.00 + 1 1/2 Project Hours each

\$4.00 + 3 Project Hours each

Bingo Prizes

Itemize on form or attach sheet

Actual Cost (includes money or canteen books)

Candy/Gum

Purchased

Homemade

Actual Cost

\$5.00 per pound + 1 Project Hour per batch

Flowers

Purchased

Home Grown

Actual Cost

\$5.00 per bouquet

DO NOT include funeral flowers; this belongs under Chaplain Program

Games/Puzzles

New

Used

Actual Cost

Half Price

Hospital Equipment

NEW

USED

Actual Cost

Half Price

Lap Robes/ Afghans	
40" x 40" lap robes	\$30.00 (material included in allowance)
Crocheted/Knitted	+ 20 Project Hours each
Pieced or Quilted	+ 10 Project Hours each
Plain or no sew	+ 4 Project Hours each
48" x 60" Afghan	\$54.00 (material included in allowance)
Crocheted/Knitted	+ 36 Project Hours each
Pieced or Quilted	+ 18 Project Hours each
Plain or no sew	+ 7 Project Hours each
60" x 72" Afghan	\$81.00 (material included in allowance)
Crocheted/Knitted	+ 54 Project Hours each
Pieced or Quilted	+ 27 Project Hours each
Plain or no sew	+ 11 Project Hours each
If other than standard size, give dimensions and credit will be pro-rated.	
Occupational Therapy	
Some hospitals ask for items for use in occupational therapy and craft classes such as Styrofoam and Plastic containers, aluminum pans, plastic rings, etc. Take only if wanted.	
Credit for above items	\$0.05 each No hours for collecting.
Items purchased for therapy and craft classes	Actual Cost
Therapy Balls	\$1.50 + 1 Project Hour each
Pillows	
Heart or Surgery	\$5.00 + 2 Project Hours
Plastic Canvas Items	
Small (bookmarks, ornaments, tray favors, pins)	\$1.00 each + 1 Project Hour
Tissue boxes (completely filled in)	\$5.00 each + 10 Project Hours
Sock pull	\$3.00 each + 2 Project Hours
Radios/Televisions/CD/DVD/VCR	
NEW	Actual Cost
USED	Half Price
USED CDs/DVDs/VCR TAPES	Half Price not to exceed \$10.00 each
Scuffies and Slippers	
Cloth scuffies	\$4.00 + 2 Project Hours/pair
Crocheted/knitted scuffies	\$4.00 + 4 Project Hours/pair
Slipper socks (ankle) crocheted/knitted	\$5.00 + 6 Project Hours/pair
Slipper socks (mid-calf) crocheted/knitted	\$6.00 + 10 Project Hours/pair
Sewing, Mending, Ironing	
Doing these for Patients	Reasonable time
Used Clothing donated	Reasonable time
Shawls/Capes/Hats	
Shawls/Capes	\$20.00 + 20 Project Hours each
Hats (stocking caps)	\$6.00 + 6 Project Hours each
Soap Bags	
Crocheted	\$2.00 + 2 Project Hours each
Utility and Laundry Bags	
Handmade	\$4.00 + 1 Project Hour each
Ditty Bags	\$2.00 + ½ Project Hour each
Wheel Chair Covers	
Includes the back & pockets	Cost of material + 2 Project Hours each
Wheel Chair Cushion Cover	

Price depends on material

Cost of material + 2 Project Hours each

Refreshments

All Purchased Refreshments

CREDIT UNDER REFRESHMENTS

Actual Cost and No Project Hours

Homemade

Drinks	Actual Cost (not per cup)
Cakes (Box)	\$6.00 + 2 Project Hours
Angel Food	\$5.00 + 1 Project Hour
Pies	\$5.00 + 2 Project Hours
Cookies	\$3.00 per Dozen + 1 Project Hour per 3 dozen
Doughnuts/Cupcakes	\$3.00 per Dozen + 1 Project Hour per dozen
Muffins	\$2.00 per Dozen + 1/2 Project Hour per dozen
Buns/Rolls	\$2.00 per Dozen + 1 Project Hour per dozen
Fruit & Nut Bread	\$4.00 + 1 1/2 Project Hours each
Brownies/Bar Cookies	\$4.00 + 1 1/2 Project Hours per BATCH
Deviled Eggs	\$2.50 per Dozen whole eggs + 1 Project Hour
Sandwiches	(whole sandwich is 2 slices of bread)
Salad (ham, tuna, egg, pimento)	\$2.00 each whole + 1 Project Hour per dozen
Meat & Cheese	\$1.50 each whole + 1 Project Hour per 2 dozen
Peanut Butter & Jelly	\$1.00 each whole + 1 Project Hour per 2 dozen

Meals

If served at a Hospital, such as a Bar-B-Q, take credit for what the Auxiliary actually purchased and/or donated. If meals are served by the Auxiliary at the VFW Post, then use actual cost of meals eaten by the Patients. Example: ham dinner, total cost of groceries \$343.00, with 100 total people served, 20 were Patients. Cost of groceries divided by number of people served times number of Patients served equals credit. (\$343.00 divided by 100 served = \$3.43 x 20 patients = \$68.60 credit)

Transportation

\$.14 per mile. PER MEMBER, ROUND TRIP

TOLLS-Bridge/Parking/Public Transportation/Roads

Meeting visit Mileage is from Meeting place or Motel to & from Hospital

CREDIT UNDER MILEAGE

\$.14 x number of miles

Actual cost **credit under gifts**

Miscellaneous

Reasonable allowances will be given for anything that is not listed above. Explain under information.

If you are allowed (in your area) to donate articles not listed, include them on your Hospital Report at what you consider a fair price. The Grand Chairman and the Supreme District Commissioner will review and send me their comments. If there seems to be a disagreement, you will be notified. This also goes for SPECIAL shopping trips for Patients or large parties. Attach explanation for these hours and the same will be done.

Please use the Forms prepared for you in this section or on the web site. It will make your job a lot easier when it comes to reporting used clothing, books, and magazines.

We want each Auxiliary to have the same opportunity to obtain a Citation. These costs are an average across the country and the hours are what it should take an average person to do the project. We realize that some people can knit or crochet a lot faster than others, so we have tried to find a happy medium.

HOSPITAL FORM INSTRUCTIONS

Please read the form and answer the questions when filing out Hospital Forms. Following are explanations for each section of the form and an example of a completed form is on the next page.

Auxiliary Name, Number, State, and Where Visit Made: go on the 1st line (1), (2), (3), (4) on the sample form. If Patients are brought to the VFW Post, please list the Hospital or Nursing Home that Patients are from.

Member Number: (5) on sample.

Member Name: (6) on sample—list each MOCA Auxiliary Member in ALPHABETICAL order by LAST NAME. Put the total **Project Hours** (7), total **Travel Hours** (8), and Total **Visit Hours** (9) using no more than 2 decimal points. If you are using the computer form, (10) **Total Hours** will add automatically. If doing by hand, (10) Total Hours then add column 7, 8, and 9 together and put total in (10). Miles (11) is total miles round trip to 2 decimal points.

Total \$: (12) if using computer form, (12) will add automatically. If doing by hand, (12) is Total Hours (10) multiplied by \$22.55 plus Miles (11) multiplied by 0.14.

Information: (13) is used for explanations of project hours such as “baked 2 cakes, blood donations, lap robes, etc. This line can also be used to denote Clown, New Name, New Member, transfer, individual visit dates when more than one visit to same hospital, etc. When giving New Name, list Old Name in information. If transfer, give Grand and Auxiliary Number. If Reinstated, the last year person was a member would be helpful in locating their previous hours.

Total (14) if using computer form, will add automatically. If doing by hand, (14) is total of each column.

No. Members (15) is total number of members that did things not just number of names listed. For example, on the sample for the total members is 10 because of the different dates of visits.

Patients (16) is number of patients visited. For example, on the sample sheet, the No. Patients is 125 which was 25 patients visited on 5/24 and then 25 patients visit each day of 5/5, 5/12, 5/19, and 5/23.

Date: (17) is the date of the visit if only one visit on sheet otherwise do like the sample.

Kind of Entertainment: (18) Bingo, sing-a-long, ball game, etc., and the allowable credit if applicable for amateur or paid entertainer goes in (19). Bingo prizes and money are listed under gifts.

Refreshments: (20) List refreshments with amount and cost. Example: 6 dz. Homemade cookies \$18, 1 cake purchased \$5.79 goes in (20) with the total of refreshments in (21).

Gifts: (22) This is Bingo Prizes, **blood**, canteen books, donations, lap robes, tray favors, toll costs, etc. Itemize with quantity and value of each on (22) and put total in (23).

Clothing, Books, & Magazines: (24) List new clothing and price and total from used clothing form. Attach a list of all used clothing, books, and magazines. Put totals listed from (24) in total (25).

Submitted By: (26) Put your name and title

GRAND TOTAL: (27) If using computer form, total will add automatically. If doing by hand, then add Total \$(14), (19), (21) (23), and (25).

E-Mail: (28) put in your email address. **Phone:** (29) your phone number. **Address:** (30) mailing address, **City:** (31), **State:** (32), **and Zip:** (33)

Auxiliary Books, Magazines, and Used Clothing Allowances

Auxiliary _____ MOCA # _____ DATE: _____

Clothing MUST BE clean and ready to wear. Allowances for clothing include washing, soaps, and cleaning fluids.

DO NOT take clothing you would not want to wear yourself.

Books should be in good shape & not yellowed from storage. Monthly magazines should not be more than 3 months old.

MEN'S AND BOYS' WEAR			
QTY	ITEM	COST	TOTAL
	Caps/Scarves	\$3.00	
	Coat, Car/Winter	\$25.00	
	Gloves	\$3.00	
	Jackets, Sports	\$20.00	
	Jackets, Summer	\$10.00	
	Jogging Suits	\$12.00	
	Pajamas	\$8.00	
	Pants, Work/Jeans	\$10.00	
	Raincoats	\$11.00	
	Robes	\$10.00	
	Shirts, Dress	\$8.00	
	Shirts, t or Jersey	\$4.00	
	Shoes, Boot	\$10.00	
	Shoes, Other	\$11.00	
	Shorts, Walking	\$5.00	
	Slacks, Dress	\$10.00	
	Slippers	\$5.00	
	Snow Suits	\$25.00	
	Socks	\$1.00	
	Suits, Dress	\$40.00	
	Sweaters	\$10.00	
	Sweat Shirts	\$6.00	
	Sweat Pants	\$6.00	
	Swimsuits	\$4.00	
	Ties/Belts	\$2.00	
	Vest	\$4.00	
	Vest, Winter	\$6.00	
	TOTAL		

LADIES' AND GIRLS' WEAR			
QTY	ITEM	COST	TOTAL
	Bed Jackets	\$6.00	
	Blouses/Smocks	\$8.00	
	Boots	\$10.00	
	Coats (Snow Suits)	\$25.00	
	Dresses	\$10.00	
	Full Slips	\$4.00	
	Gowns/Pajamas	\$6.00	
	Half Slips	\$3.00	
	Jackets, Ladies	\$10.00	
	Jeans, Ladies	\$10.00	
	Jogging Suits	\$12.00	
	Purses	\$4.00	
	Robes	\$10.00	
	Scarves/Hats	\$3.00	
	Shells	\$3.00	
	Shoes	\$10.00	
	Shorts	\$5.00	
	Skirts/Culottes	\$8.00	
	Slack Suit, 2 pc.	\$20.00	
	Slack Suit, 3 pc.	\$30.00	
	Slacks	\$10.00	
	Slippers, House	\$5.00	
	Sweaters	\$10.00	
	Sweatshirts	\$6.00	
	Sweat Pants	\$6.00	
	Swimsuits	\$10.00	
	Vest	\$4.00	
	TOTAL		

NEW BOOKS & MAGAZINES			
QTY	ITEM	COST	TOTAL
	Books (Hardback)		
	Books (Paperback)		
	Magazines		
	Total		

USED BOOKS & MAGAZINES			
QTY	ITEM	COST	TOTAL
	Books (Hardback)		
	Books (Paperback)		
	Magazines	\$1.50	
	Total		

TOTAL COST OF ALL DONATIONS \$ _____

DATE: _____

Delivered To: _____

Received By: _____

Title: _____

CLOWNS

Keeping them smiling in beds of white is the goal of every MOCA Clown. We are hoping for more members this year to bring cheer and happiness into the lives of those who have given us our freedom and are in the hospital or long-term care facility. Everyone likes a reason to clown around. So, take time to sing a song; tell a joke; or do something fun with our hospitalized veterans, our disabled, our elderly, and our hospitalized children. Let's put on a happy face and help the world smile.

AUXILIARY

Clown costumes should be in good taste and must consist of more than a funny hat. If you know how to do clown make-up, that's great, but not necessary. Clowns must make three (3) visits between **August 1, 2019 and July 31, 2020**, in their clown costume to qualify as a **Supreme Clown**. **The Auxiliary Hospital Chairman must report these visits on her Monthly Hospital Report Form**. After the three (3) visits have been made, the Auxiliary Hospital Chairman should fill out the Auxiliary Clown Request Form. She then sends three (3) copies to her Grand Hospital Chairman for verification. (Auxiliaries not in a Grand will apply directly to Supreme Mama Clown.) After Supreme Mama Clown receives the signed request form (which must be signed by the Grand Hospital Chairman), she will issue the Supreme Clown Card and pin or bar within 15 days of receipt. **MOC members and Youth Groups** should be encouraged to participate in this program. Please be sure to indicate if you need a Clown Pin or a Year Bar

GRAND

The Grand Hospital Chairman will sign the Auxiliary Clown Request Forms and forward them to Supreme Mama Clown.

CLOWN SCRAPBOOK

All clown pictures and mottos will be combined in the **Supreme Historian Program**. Please send pictures of your activities with the date, description, Auxiliary name and number, and identify people in pictures to the Grand Historian. **The Supreme President would like the auxiliaries to send pictures of the clowns in your Grand to the Supreme Historian no later than May 31, 2020**. Remember, you should not take pictures of patients without their express consent.

SUPREME CONVENTION

Bring your Clown Costume with you to the Supreme Convention. Please notify Supreme Mama Clown if you plan to attend the Supreme Convention as a Clown. A special prize will be given to the **Grand** and **Auxiliary Not in a Grand** with the best participation at the Supreme Convention.

PIN

After three (3) certified clown visits, you will be sent the Clown Pin or Year Bar from Supreme Mama Clown.

AWARDS

There will be an award given to the Grand and Auxiliary Not in a Grand who have the highest percentage of growth in the Clown Program.

SUPREME MAMA CLOWN

Phyllis Kelly
1904 S Belmont St.
Springfield, OH 45505

SUPREME ASSISTANT MAMA CLOWN

K Rosemarie Brown
1399 Woodman Drive
Riverside, OH 45432

AUXILIARY CLOWN REQUEST

Mail To: **Grand Hospital Chairman**

Grand: _____

Auxiliary Name: _____

Number: _____

Date: _____

Supreme Mama Clown:

Please issue Supreme Clown Cards and pins to the following:

Name (Please print clearly or type) (Note MOC or Youth., if applicable)	Pin or Bar	Dates of Three (3) Qualifying Visits Made Between August 1, 2017 and July 31, 2018		
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)

I certify that the above have made three (3) Hospital Visitations as a Clown, and these visits have been reported on an MOCA Auxiliary Hospital Report Form.

Auxiliary Hospital Chairman

Auxiliary President

Address

E-mail: _____

City, State, Zip

E-mail: _____

If your **Auxiliary is not in a Grand**, this form must be signed by the Auxiliary Hospital Chairman. Grand Hospital Chairman or Auxiliary Hospital Chairman is to send one copy to Supreme Mama Clown and keep one copy for her files.

Grand Hospital Chairman

E-mail: _____

Supreme President's Special Project

is
Two-Fold

Part One of the SPSP is the Valhalla Ranch in Colorado

Part Two is the adoption of a Veteran in a State VA Nursing Home that resides in a Memory Care Unit

VALHALLA RANCH FOR VETERANS WITH PTSD

The vision for Valhalla Ranch is that it will be a physical place where veterans and their families can gather for retreats, help in dealing with their everyday fight with PTSD.

Valhalla Ranch is a 501c3. They offer a safe place for veteran's who suffer from severe PTSD and in doing that they offer some time away from the real world. Often veterans get more frustrated with official counseling which only brings back the horror to the brain's front again and makes the nightmares even worse. Valhalla exists to provide connection, purpose, and hope to veterans and their families, so they can experience the joy of a purposeful life. To reach this end Valhalla will equip, motivate and assist veterans and mental help providers to work with the veterans.

It costs \$150.00 to train one veteran in Suicide Intervention. Please help make this a successful project to help our veterans who are suffering every day with the nightmare of PTSD.

ADOPTION OF A VETERAN IN A STATE VA NURSING HOME RESIDING IN THE MEMORY CARE UNIT

This is a project every Auxiliary no matter how big or how small can take part in. Please contact a VA Nursing Home to find out if they have a memory care unit. Work with them to provide items to make a veteran's day easier. Send a card on their Birthday, Holidays. See if you can set up an account for them to purchase items in the home's canteen. Provide them with socks, house shoes, and toiletry items, new PJ's, use your imagination and work with the staff to meet the Veteran's needs. Whatever your Auxiliary can donate to let the Veterans know they are not forgotten. Our Stars deserve the best!

This part of the project will be sent from your Auxiliaries to the VA Nursing Home of your choice.

REMEMBER *-* REPORTREPORT *-***

DON'T LET HELPING OUR VETERANS GO UNREPORTED

When you do the year end reports make sure you note the monies sent to our Supreme Treasurer for the Valhalla Ranch. And note the monies your Auxiliary donated to the Adopt A Vet part of the Supreme President's Special Project.

I know it is confusing since there are two parts to this program. Please do not hesitate to call either me, or our Supreme President for help.

AWARDS

Donations:

Citation for donations of **\$25.99** and over made to the **Supreme President's Special Project**. Awards pertain to all levels of Auxiliaries, Supreme Districts, and Past President's Clubs.

Citations to 1st, 2nd, and 3rd Place in each Division with highest donations per capita. **Citations for Outstanding Projects** reported.

Hours:

Please report your projects to your Hospital Chairman, including hours and funds spent promoting the **Supreme President's Special Project**.

The donation for the SPSP part one-**Valhalla Ranch** must be made payable to the **Supreme MOCA Auxiliary** and sent to the **Supreme Treasurer** no later than April 30, 2019. Remember to earmark checks: **SPSP-VALHALLA RANCH**.

Grand Chairman & Chairman not in a Grand: Send a copy of each Auxiliary Year-End Report along with your own Grand Year-End Report to the Supreme President's Special Project Chairman. Hospital Reports must be included to qualify for Awards.

SUPREME PRESIDENT'S SPECIAL PROJECT CHAIRMAN:

Sandra (Sandi) Moss
10577 Dogwood Ln.
Rapid City, SD. 57702

Cell: 605-431-6897
Home: 605-341-0442
E-mail: sandimoss46@gmail.com

Supreme President's Special Project

Year-End Report

Auxiliary

Mail to: Grand Chairman
sets date

Due Date: Grand Chairman

Date: _____

Grand: _____

Auxiliary Name and Number: _____

Membership as of April 30, 2019: _____. As of Today: _____. Date: _____

Donations:

1. How much money was sent to Supreme? _____

2. How was this money raised?

Hours:

1. How many hours did your Auxiliary volunteer promoting the Supreme President's Project?

2. What did your Auxiliary do for the "Valhalla Ranch Program" or "Adopt a Veteran" Care Unit?

Auxiliaries not in a Grand, send this report to the Supreme President's Special Project Chairman.

Auxiliary Chairman

Address

City, State, Zip

Sandra (Sandi) Moss
10577 Dogwood Ln.
Rapid City, SD 57702
Home: 605-341-0442
Cell: 605-431-6897
E-mail: sandimoss46@gmail.com

Supreme President's Special Project

YEAR-END REPORT

GRAND

Mail to: **Supreme Chairman**
Date: _____

Due Date: April 30, 2020
Grand: _____

Membership as of April 30, 2019: _____ As of today: _____ Date: _____

Donations:

1. How much money was sent to Supreme? _____

2. How was this money raised?

Hours:

1. How many hours did your Auxiliaries volunteer promoting the Supreme President's Project?

2. What did your Auxiliary do to promote the "Valhalla Ranch Program" or the "Adopt a Veteran" in a Memory Care Unit?

Include copies of Hospital Reports showing your activities, to qualify these hours.

Please send this report to the Supreme President's Special Project Chairman:

Sandra (Sandi) Moss
10577 Dogwood Ln.
Rapid City, SD 57702

E-mail: sandimoss46@gmail.com
Home: 605-341-0442
Cell: 605-431-6897

Grand Auxiliary Chairman

Address

City, State, Zip

MEMBERSHIP

Transmittals to the Supreme Treasurer are the **“ONLY”** reports required for membership.

My goal is to simplify wherever possible. Membership 2020 **quotas** will be determined from Transmittals received by the Supreme Treasurer as of April 30, 2019. 2019 – 2020 Year-End Grand and Auxiliary percentages are also determined from transmittals received by the Supreme Treasurer by April 30, 2020. A parade of Transmittals will be held at the New Council Meeting at the Supreme Convention and at Tomb Trek.

Auxiliaries: When processing your new transmittal form remember to include a copy of all new membership applications and send both the transmittal and the applications to the Grand Treasurer. (note: Auxiliaries not in a Grand should send their transmittals to the Supreme Treasurer.)

Grands: When processing your new transmittal form remember to include a copy of all new membership applications and send a copy of both the Auxiliary Transmittal Form and the Applications to the Supreme Treasurer. All membership numbers will be based on the official totals in the Supreme Treasurer’s records.

Grand Membership Divisions

Division #1	70-100 Members	Division #2	101-150 Members
Division #3	151-200 Members	Division #4	201 and over Auxiliaries
Division #5	Auxiliaries Not in a Grand		

Awards - Grands

(new Auxiliaries not included)

Grands achieving 90% by December 31, 2019 will receive a Supreme Citation.

A Grand in each division to reach the highest percentage over 100% by April 30, 2020 will receive:

1st place - \$20.00 and a citation 2nd place - \$15.00 and a citation 3rd place - \$10.00 and a citation

Awards – Auxiliaries.

Citations to all auxiliaries achieving 90% by December 31, 2019. Auxiliaries achieving 100% by December 31, 2019 will be eligible for a **\$20.00** drawing.

An auxiliary in each of the 5 divisions achieving the highest numerical gain (number of New and Reinstated Members) over 100% will receive: **1st place – 20.00 Runner Up - \$10.00**

While we value every existing and new member, we want to expand our membership reach to include male Auxiliary members. We will therefore have a one-time award to the Auxiliary in each of the 5 divisions recruiting the greatest number of male members. Each winning Auxiliary will receive **\$15.00**. *To be eligible for this award, a copy of the new member application must be sent by the Auxiliary directly to the Supreme Membership chairman, in addition to sending a copy to the Grand or Supreme Treasurer.*

Eligibility for these Awards will be based on the membership transmittals sent to the Supreme Membership chairman. In the case of a tie, Awards will be split.

Recruiter Award: Any member that recruits two new or reinstated members between July 1, 2019 and April 30, 2020 should complete the recruiter form and mail it to the Supreme Membership Chairman with the dates the members were initiated. The form must be signed by the President and the Treasurer of the Auxiliary. This does not include the formation of a new auxiliary.

Each recruiter will receive a citation and a chance in a drawing for **\$25.00**, to be held at the Supreme Convention. A membership Recruiter form may be submitted each time a member recruits 2 new or reinstated members.

Supreme Membership Chairman:

Marilyn Peck

1737 W. Beacon Ave

Anaheim, CA 92804

mpeckmoca@earthlink.net or mpeckmoca@gmail.com

714-809-2874

AUXILIARY MEMBERSHIP TRANSMITTAL FORM

To complete the form, fill out the top of the form which is self-explanatory.

In the AUX column – Put your Auxiliary number

In the Name column – Put the name of the Auxiliary member being processed

In the MEMB # column – Put the membership number of the Auxiliary member being processed In the N/M

Determine if the member is (1) new; (2) Continuous; (3) reinstate; (4) transfer and fill in the appropriate line as stated below. **(ONLY ONE ROW SHOULD BE USED PER MEMBER)**

In the N/M(New Member) Column - Put a “1” if it is a NEW Member bring processed

In the C/M (Continuous Member) Column – Put a “1” if it is a continuous member being processed

In the R/M (Reinstated Member) Column – Put a “1” if it is a reinstated member being processed

In the T/M (Transferred Member) Column – Put a “1” if it is a transferred member being processed

In the Supreme PCT (Per Capita Tax) – Put in \$7.00 if processing by hand or leave it blank if using a computer (it will automatically put in \$7.00)

In the Grand PCT column – Put in your Grand’s PCT

In the TOTAL Column – If processing by hand put the total for the row being processed (This should include Supreme PCT + Grand PCT, if processing using a computer the Total Column should fill in automatically.

If you are processing a new, reinstated or transfer member please include a copy of the application with the transmittal.

Send check, transmittal and application(s) to Grand Treasurer.

Save a copy of the application and transmittal for your records.

Membership Recruiter

AUXILIARY

Mail to: **Supreme Membership Chairman**
Marilyn Peck
1737 W. Beacon Ave.
Anaheim, CA 92804
mpeckmoca@gmail.com

Date: _____

Grand: _____

Auxiliary Name: _____

Auxiliary #: _____

Name of New or Reinstated Member:

Date Initiated:

1. _____

2. _____

Recruiter's Name: _____

Address: _____

Name of New or Reinstated Member:

Date Initiated:

1. _____

2. _____

Recruiter's Name: _____

Address: _____

Treasurer

President

E-mail: _____

E-mail: _____

VFW NATIONAL HOME FOR CHILDREN

The Supreme President's National Home Special Project for this year is explained on page 91 & 92.

Donations to the Supreme National Home Program are to be mailed to the Supreme Treasurer.

The Supreme National Home Fund:

1. Provides a donation to the Grand of Michigan for the National Home Cootie Christmas Party.
2. May award one or more Scholarships to a Graduate of the National Home to aid in their continuous education.
3. May provide other donations as approved by the Supreme Council.

We also support the following Programs: Life Membership Programs, National Home Seals, Pins and Souvenirs, Bequests, Memorials, Subscriptions to the Patriot, Graduations, Birthdays, etc. These donations, except National Home Seals, are to be sent directly to the VFW National Home at 3573 S. Waverly Road, Eaton Rapids, MI 48827. The telephone number to the Home is (517) 663-1521. Send National Home Seal money to VFW National Home, P.O. Box 1521, Eaton Rapids, MI 48827. **Several Grands have Special Programs** to benefit the National Home. The MOC Cootie Program Book has details.

National Home Fund

The donations received are donated to the VFW National Home for Children to be used for the *MOC/MOCA House and other things that the children need.*

Cootie Christmas

The annual Cootie Christmas Party will be held this year on December 6th and December 7th 2019. The party is hosted by the Grand of Michigan and funded through your generous donations. Donations for this party **ARE NOT** sent to the Supreme Treasurer. Send donations for Cootie Christmas Party to Grand Quartermaster of Michigan, Ernest A. Paulin, 710 Aldrich, Linden, MI 48451-9050.

Scholarships

Each year one or more Scholarships may be awarded to graduates of the National Home regardless of his or her intended major. This Scholarship aids in their continuous education and is funded from the Supreme National Home Fund.

VFW National Home for Children's Day

Each auxiliary is encouraged to have a special fundraiser for the VFW National Home for Children's Day. All funds will go directly to the GENERAL FUND for operation expenses.

2018-2019 Awards Programs

- Citations will be awarded to each Auxiliary and Grand reporting at least \$25 to the Supreme National Home Fund. A copy of the Report from the Auxiliary must be received.
- Citations will be Awarded to each Auxiliary and Grand reporting at least \$25 towards any other Project as specified by the Auxiliary or Grand. A copy of the Report must be received.
- Citation and a gift to the Division Auxiliary and Grand with the Best Program.
- Citation and Plaque to top Grand for best-supported Project for the year.

Supreme National Home Chairman

Kathy Browne
745 NE 200th Ave
Old Town, FL 32680

Home: 352-542-8981
Cell: 352-356-3161
E-mail: bellyacres239@gmail.com



Military Order Of The Cootie Auxiliary

2019-2020 Supreme Presidents Special Project

The VFW National Home for Children Safety & Security Fund

The National Home is entrusted to provide safe refuge to America's military and veteran families. In order to ensure this, they must acquire urgently needed upgrades to their Emergency Communications System.

The VFW National Home for Children's Safety & Security Fund will fund a campus-wide Emergency Communication System. This will include:

- *Emergency Notification systems for the campus buildings
- *Outdoor Notification
- *Alert Beacon



Please send your checks payable to:
MOCA Supreme
P O Box 34
Flora Vista, NM 87415

THANK YOU FOR HELPING TO KEEP THE NATIONAL HOME SAFE!

VFW National Home for Children **Safety & Security Fund Appeal Reminder**

Since 1925, the VFW National Home for Children has kept its promise to military and veteran families, offering them a peaceful sanctuary from the insecurity of lives ravaged by post-traumatic stress, reintegration, high unemployment, divorce, suicide, or domestic violence.

But to continue to provide safe refuge to America's military and veteran families, they must acquire urgently needed upgrades to their Emergency Communications System.

The truth is, as our nation has learned from so many tragedies on American college campuses, government facilities, and schools, sadly- anything can happen on a campus the size of the National Home.

In the event of dangerous or life-threatening circumstances, the children and families living on the campus of the National Home – **MUST BE PREDARED** for potential threats so they can take immediate steps to ensure everyone's safety.

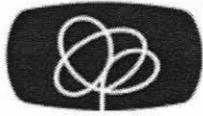
The National Home must be able to provide the needed communications required for the safety and security of the residents, and they need to be able to quickly and effectively tell them when it is being threatened.

In November, the National Home sent a mail appeal to all Post Quartermasters and VFW Auxiliary Treasurers for a campus-wide Emergency Communication System. This system will include:

- Emergency Notification Systems – to alert the children, families, visitors. And staff members in all 58 buildings on the National Home campus.
- Outdoor notification – wide-area notification devices and public-address speakers that the children, families, and visitors can hear whether they are riding bikes or fishing at the lake on campus.
- Alert Beacon – that will flash and sound off in our buildings to alert children when emergencies occur.

To help protect the families living at the National Home, I hope that you will make a gift to their Safety & Security Fund today by sending a check.

Let's help them with this urgent need and thank you for supporting our VFW National Home for Children.



LIFE MEMBERSHIP APPLICATION

MEMBER INFORMATION

Name: _____

Address: _____

City: _____	State: _____	ZIP Code: _____
Date of birth: _____	Email: _____	Phone: _____

Membership Type:

Associate (not a member of the VFW or VFW Auxiliary)

Life Member (must be a member in good standing of the VFW or VFW Auxiliary or a unit of the VFW or VFW Auxiliary. Complete affiliation information below. If no Post or Auxiliary number is provided, an Associate Membership will be issued.)

VFW & VFW AUXILIARY INFORMATION (Required if a VFW or VFW Auxiliary member)

I am a member of VFW Post _____ in the Department of _____ VFW

I am a member VFW Auxiliary _____ in the Department of _____ VFW Auxiliary

RECRUITER

If invited to become a member, who recruited you? _____

MEMBERSHIP PURCHASED BY AND MAILED TO (LEAVE BLANK IF PURCHASED BY MEMBER)

Name: _____	Is this membership a gift from you?	yes	no
Address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
City: _____	State: _____	ZIP Code: _____	
Phone: _____	Email: _____		

PAYMENT INFORMATION

Please allow 3-4 weeks for your membership certificate, card and other information to be sent. You can also apply online at: www.HelpHopeHonor.us/membership	One time membership fee \$35	_____
	Life Member pin (optional) \$5	_____
	Total	_____

Check enclosed and made payable to **VFW National Home for Children**

Charge my _____ Visa _____ Mastercard _____ Discover _____ American Express _____

Name on card: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Card number: _____
Signature: _____	Expiration date: _____

WHY SHOULD YOU BECOME A LIFE MEMBER

BEING A LIFE MEMBER or an Associate Life Member of the VFW National Home for Children is one way you can create a bond between yourself and the mission of the National Home. Your support and encouragement honors our veterans and today's military by helping their children and families in times of need. Life Members in good standing with the VFW or VFW Auxiliary may vote for trustees representing their National Home District and proposed Bylaw or Articles of Incorporation changes.

VFW NATIONAL HOME FOR CHILDREN

YEAR-END

AUXILIARY

Due Date: Set by Chairman

Auxiliary Name and Number: _____

Membership as of April 30, 2018 _____ Grand: _____

Amount contributed to:

- Supreme M.O.C.A. National Home Fund \$ _____
- Supreme M.O.C.A. National Home Special Project \$ _____
- Contributions Sent directly to the Home \$ _____
- Your Grand National Home Project \$ _____
- Your Grand President's National Home Special Project \$ _____
- Other Programs of your Grand and/or other Grands \$ _____

How many members have participated in your Grand and/or another program of any other Grands? _____

How many members participated in the VFW National Home Day? _____ Amount Sent \$ _____

Did your Auxiliary send cards to the children? # _____ \$ _____

Did your Auxiliary send gifts to the children? _____ \$ _____

(List gifts and or items sent) _____

Does your Auxiliary have a Life Membership to the Home? _____

How many Members have a Life Membership to the Home? _____

How many *new* Life Memberships for the 2018-2019 year? _____

How many Members visited the National Home this year? _____

Did your Auxiliary participate in Awareness week? ____ How did you participate? _____.

Describe how the Auxiliary raised funds for the National Home Programs. Please be specific and use back if necessary in detail. _____

Auxiliary Chairman E-mail

Address City, State, Zip

Auxiliaries not in a Grand mail directly to Supreme National Home Chairman:

Kathy Browne 745 NE 200th Ave Old Town, FL 32680 or bellyacres239@gmail.com

YEAR-END

GRAND

Mail to: **Supreme Chairman**
Kathy Browne
745 NE 200th Ave
Old Town, FL 32680
bellyacres239@gmail.com

Due Date: Immediately following
Grand Convention

Please enclose one copy of each Auxiliary Report and indicate 1st place Auxiliary in your Grand.

Date: _____ Grand: _____

Membership on April 30, 2019 _____ # of Auxiliaries Reporting to you _____

Amount contributed by Auxiliaries to:

Supreme M.O.C.A. National Home Fund	\$ _____
Supreme M.O.C.A. National Home Special Project	\$ _____
Other Programs of other Grands (list on back)	\$ _____
Directly to National Home (list on back)	\$ _____

Amount contributed by Grand to:

Supreme M.O.C.A. National Home Fund	\$ _____
Supreme M.O.C.A. National Home Special Project	\$ _____
Other Programs of your and/or another Grands	\$ _____
Gifts Sent Directly to National Home (list on back)	\$ _____
Grand President Special Fund	\$ _____
Grand's National Home Fund	\$ _____

How many *NEW* Life Memberships to the Home? _____

Does your Grand have a Life Membership? _____

Number of Members of your Grand visiting VFW National Home this year: _____

Describe on a separate page how you, as Grand Chairman, promoted the VFW National Home this year. List all activities, articles, fundraisers, etc., in your effort to promote the National Home Program.

Grand Chairman

E-mail

Address

City, State & Zip

THE SARAH DUCHARME SCHOLARSHIP PROGRAM

Since its inception in 1972, the Scholarship Program has awarded scholarships to students recommended per applications submitted by Grand Auxiliaries and Auxiliaries not in a Grand. Scholarship donations from Supreme Districts, Grands, and local auxiliaries will make this happen. Only with your help can we continue to assist our Members and their families with this Program. Being 100% and more in Scholarship donations from every Grand and Auxiliary is what makes this happen.

PURPOSE: The Scholarship Program is to assist in furthering the education of a student who wishes to obtain a post high school education to earn a technical or undergraduate degree in a medical field. These fields include but are not limited to areas in Nursing, Pharmacology, Radiology, Dental Assisting, Laboratory Technician or Dietitian. **Effective November 2016, the Scholarship Program now includes degrees in Veterinary Science.** The scholarship program is not for graduate level or degree advancement. Auxiliary members are eligible for this scholarship.

ELIGIBILITY: Applicant must be a descendant of someone with the VFW or VFW Auxiliary Eligibility. (All students are accepted if they meet the Eligibility.) The student must have a High School Diploma or an equivalent and must have been accepted as a full-time student at an Accredited College, Technical School or special Instructional Institution. The Application with Recipient's Student ID number will be submitted to the Chairman of the Grand Scholarship Committee or the Chairman of the Scholarship Committee for Auxiliaries not in a Grand. The Recipient may apply for an additional year of funds after successfully completing the current year providing their continuance is in the Medical Field. A maximum of four (4) Awards may be granted to a Recipient. There may be only **One New Applicant per year** from a Grand or Auxiliary not in a Grand.

FUNDING: All MOC Auxiliaries are obligated to send in \$0.50 or more per member, based on the membership as of April 30, 2019. Donations are also welcome from Grand Auxiliaries, Supreme Districts and personal donations. Annual Scholarship awards will not exceed the amount of funds received each year from the Grands and Auxiliaries.

DISBURSING: Scholarship Awards will be sent directly to the Recipient's School by the Supreme Treasurer in two (2) installments. The first will be sent at the beginning of the term and the second after necessary information has been provided to the Chairman showing continued enrollment for the Second Semester of the School Term.

COMMITTEE MEMBERS: The Supreme Scholarship Committee consists of three (3) Members, one to be appointed each year by the Supreme President. The Chairman shall be the One-Year Member.

DUTIES OF THE SUPREME SCHOLARSHIP COMMITTEE: The committee shall review all Applications and determine who the Recipient(s) shall be. The decision of the Recipient and the amount of the Scholarship shall be based on need, scholastic ability, and sincere interest in their chosen field. The Committee must agree on any decisions made. The Committee shall keep the Grand Scholarship Chairman informed concerning the status of the Recipients for that Grand. Committee Members shall keep all records pertaining to all Scholarship Applicants during their tenure on the Scholarship Committee.

DUTIES OF THE SUPREME SCHOLARSHIP CHAIRMAN: The Supreme Chairman shall maintain all files of all applicants who have applied for the Scholarship Program. The Supreme

Chairman shall notify the proper Supreme Officers of all meetings and pertinent correspondence written, in connection of the Scholarship Program. The Supreme Chairman shall ensure that all Scholarship Committee Members receive copies of all correspondence received and sent concerning the Scholarship Program. In addition, the Supreme Chairman will ensure that the third-year Committee Member receives a file with copies of all active Applicant files. All active files will be transferred to the incoming Chairman and the inactive files forwarded to the Supreme Treasurer. The Supreme Chairman shall also compile all Reports for the Supreme Auxiliary and present incentive Awards at the Supreme Convention. The Supreme Chairman shall arrange the time and place for the Scholarship Committee members to meet at the Convention. The Supreme Chairman will notify all Recipients, their Institutions of Learning and Supreme Treasurer of the amount of the Scholarships. The Supreme Chairman will provide the Recipients with the information they will need to submit in order to receive the second installment of the Scholarship. The Supreme Chairman will send each Grand that submits an Application a letter informing them if their student will be receiving a Scholarship Award. At the end of her year as Chairman she will brief the Committee Members of the status of all active Applicant files. A list shall be prepared and submitted to the Supreme President and Supreme Treasurer of Recipients and Award Amount with all required information to ensure funds are disbursed in a timely manner to Institutional Learning Centers. The Supreme Scholarship Chairman shall maintain contact with Grand Chairman during the year to ensure applications are not held at the Grand level at Year End.

The **outgoing** Chairman will provide copies of all correspondence to the incoming Chairman for her/him follow-up. The outgoing Chairman will provide the Supreme Treasurer with a list of Recipients approved at Supreme Convention including her/his Social Security number, mailing address, Student ID number, and address of Learning Center. The Chairman will send the letters to be mailed with the checks to the Supreme Treasurer as soon as possible after the Supreme Convention.

The **incoming** Chairman will keep on file all correspondence regarding the current Recipients and send reminders at the end of the first term to anyone who has not provided the necessary information for their second installment. The Chairman will inform the Supreme Treasurer of any changes that occur during the year concerning any Recipient. Any Correspondence received by any other Member concerning a current Scholarship Recipient should be forwarded to the current Chairman. In the spring, the Chairman will send paperwork to all Recipients who are eligible for renewals with instructions regarding what needs to be submitted and the date it is due back to the Chairman. All renewals are to be sent to the Supreme Scholarship Chairman with a copy furnished to the 2nd and 3rd year Committee Members.

GRAND: The Grand President will appoint a Grand Scholarship Chairman who will head a Committee to select one **NEW** Applicant to be forwarded to the Supreme Scholarship Committee (all three (3) members) by the deadline of May 15, 2020. The Grand Chairman shall forward her/his contact information as Grand Chairman to the incoming Supreme Chairman no later than August 1, 2019. The Grand Scholarship Chairman distributes Report Forms and Application Forms to each Auxiliary Chairman. The Grand Chairman promotes the Program within her/his Grand by helping the Auxiliaries, when requested, to interpret the rules and regulations of the Program. The Grand Chairman shall be responsible for making a Yearly Report to the Supreme Chairman including donations made by the Auxiliaries, her/his activities and the activities of the Grand.

AUXILIARY: Every Auxiliary should have a Scholarship Chairman appointed who will promote this Program through functions and donations. The Auxiliary Chairmen will send their contact information to the incoming Grand Chairman. The Auxiliary Chairmen is responsible for verifying VFW or VFW Auxiliary Eligibility for New Applicants and signing the Application. The Auxiliary

Chairmen shall be responsible for ensuring all documentation is completed and submitted as requested. The Auxiliary Chairmen shall acquaint her/his self with the Program to the best of her/his ability. If any portion is not clear, she/he shall contact the Grand Chairman for clarification. The Auxiliary Chairmen is responsible for completing and submitting the Year-End Report to the Grand Chairman with a copy to the Grand President.

AUXILIARIES NOT IN A GRAND: Chairmen of Auxiliaries not in a Grand follow the same duties as an auxiliary in a Grand. They contact the Supreme Chairman for clarifications and the Year-End Report and submit any candidates directly to all three (3) members of the Supreme Committee.

SUPREME AWARDS: Awards are based on a percentage of monetary contributions per Member based on April 30, 2020 Membership. Citations will be given to all Auxiliaries making a reported quota of \$.50 per Member.

NO MONEY IS TO BE SENT TO THE SCHOLARSHIP CHAIRMAN, ONLY YOUR REPORTS

All checks are to be sent directly to the Supreme Treasurer. Checks are to be made payable to “**Supreme MOC Auxiliary**” and earmarked **MOCA Scholarship Fund**. All reports received will have contributions verified by the Supreme Treasurer’s Year-End Report.

PLEASE MAKE COPIES OF THE APPLICATION AND FORWARD ONE TO EACH OF THE SCHOLARSHIP COMMITTEE MEMBERS.

REMEMBER APPLICATION DEADLINE IS MAY 15, 2020.

<u>Chairman:</u>	<u>2 Year Member:</u>	<u>3 Year Member:</u>
Bobbie Rollins 6607 Shady Lake Dr. San Antonio, TX 78244 Home: 210-662-9515 Cell: Email: bobbie.rollins@sbcglobal.net	Rita Swaffar P O Box 86 Brookland, TX 75931 Home: 409-698-9610 Cell: Email: jwells@gt.rr.com	Ivy Schaffer 23466 Forest Oak Park, MI 48327 Home: 248-545-3224 Cell: Email: schaffer2@comcast.net

**SCHOLARSHIP
AUXILIARY YEAR-END REPORT**

Mail to: Grand Scholarship Chairman

Due Date: Set by Grand Scholarship Chairman

Date: _____

Grand: _____

Auxiliary Name: _____

Number: _____

2019 Membership as of April 30, 2019: _____ as of now: _____ Date: _____

Amount sent to Grand Treasurer: \$ _____

Auxiliaries not in a Grand Amount sent to Supreme Treasurer: \$ _____

Did your Auxiliary submit a Student's Name for a Scholarship? Yes No

Did your Auxiliary have a Renewal Application to submit? Yes No

Describe how the Auxiliary raised funds for the Scholarship Program. _____

Send 2 copies to Grand Scholarship Chairman.

Scholarship Chairman: _____

Address: _____

City, State, Zip: _____

Email: _____

SCHOLARSHIP
AUXILIARIES NOT IN A GRAND YEAR-END REPORT

Mail to: Supreme Scholarship Chairman
Cynthia Shackelford
11100 Louetta Rd. Apt. 635
Houston, TX 77070

Due Date: Aux. not in a Grand – May 15, 2019

Date: _____

Grand: _____

Auxiliary Name: _____

Number: _____

2019 Membership as of April 30, 2019: _____ as of now: _____ Date: _____

Amount sent to Grand Treasurer: \$_____

Auxiliaries not in a Grand Amount sent to Supreme Treasurer: \$_____

Did your Auxiliary submit a Student's Name for a Scholarship? Yes No

Did your Auxiliary have a Renewal Application to submit? Yes No

Describe how the Auxiliary raised funds for the Scholarship Program. _____

Scholarship Chairman: _____

Address: _____

City, State, Zip: _____

Email: _____

**SCHOLARSHIP
GRAND YEAR-END REPORT**

Mail to: Supreme Scholarship Chairman
Bobbie Rollins
6607 Shady Lake Dr.
San Antonio, TX 78244

Due Immediately Following
Grand Convention

Date: _____ Grand: _____

2019 Membership on April 30, 2019 _____ Number of Auxiliaries in Grand: _____

Number of Auxiliaries donating: _____ Total amount donated by Auxiliaries: \$ _____

Number of Auxiliaries donating \$.50 or more per Member: _____

Number of Auxiliaries submitting a student Application for a Scholarship: _____

Is Grand Chairman submitting a student Application for a Scholarship? _____

Total amount donated by Grand Auxiliary: \$ _____

Auxiliary Name & Number	Membership	Amount Contributed	Amount Per Person
Totals			

Scholarship Chairman: _____

Address: _____

City, State, Zip: _____

Email: _____

E-mail: _____ Date: _____

Annual Medical Field Scholarship Application

Auxiliaries in a Grand: Mail to Grand Scholarship Chairman by Due Date Set by Grand Chairman
Auxiliaries Not in a Grand: Mail to the (3) Supreme Scholarship Committee Members by May 15th.
Grands: Mail to each of the Supreme Scholarship Committee Members by May 15th.

Circle One: New Renewal

Student Qualifications: A member of, or Eligibility for Membership in a VFW or VFW Auxiliary; High School Diploma or Equivalent; accepted as a full-time undergraduate student at an Accredited College, Technical School, or special Instructional Institution.

Student Last Name: _____ First _____ MI _____

Permanent Address: _____

City _____ State _____ Zip _____

E-mail: _____ FAX: _____

Phone Number () _____ S.S. Number: _____

Date of Birth: _____ Place of Birth: _____

Month Day Year

City / State

Date of Graduation: High School: _____ College: _____ Cumulative GPA _____

Month / Year

Month / Year

Medical Field: _____

College/School accepted at: _____

Address: _____

Street

City

State

Zip

*****Address needs to be where the financial payments should be sent including the name of a Department or Person to whose attention it should be sent.**

Will you receive any other Scholarships? _____ Amount if Yes: \$ _____

From: _____ Annual income from all sources: \$ _____

(If more than one, use additional paper)

Under whom are you Eligible for membership in the VFW or its VFW Auxiliary? Insert name where applicable.

Self: _____ Parent: _____ Grandparent: _____ Sibling _____

Sponsoring MOCA: _____ State: _____

Attach three (3) copies of each of the following:

1. Resume of ultimate goal and steps you expect to take to attain that goal.
2. Two (2) recent letters of recommendation.
3. Application Form.
4. Most recent transcript of grades.

Permission is hereby granted to the Supreme MOCA Scholarship Committee to verify school records:

Signature of Applicant: _____ Date: _____

If under 18 years of age: Signature of Parent / Legal Guardian: _____

I have verified that the above-named person as a VFW or VFW Auxiliary member, and that all required paperwork has been submitted by the applicant:

Signature of MOCA Chairman: _____ Date: _____

SUPREME HISTORIAN

The Supreme Historian Book for the 2019-2020 year is a **COMBINATION** of the Historian, Scrapbook, Publicity and Clown Scrapbooks. The book is to be a **COMPLETE** Auxiliary history of your President's year and include "the story", pictures, newspaper clippings, etc. for the year.

Books may be bound or loose-leaf, no larger than 16"X20" with a hard cover, binder, or metal post. Please do not use tied books! The inside front cover and inside back cover are to be void of information.

FIRST PAGE: the Name of the Auxiliary, City, State, Current year, President's Name and Address, the Chairman's Name and Address.

SECOND PAGE: THE President's picture (a brief biography is optional).

THIRD PAGE: List of Elected Officers, and a List of Appointed Officers.

FOURTH PAGE: Final Membership Totals (include New/Reinstate/Deceased Stats).

IN CHRONOLOGICAL ORDER, the following pages should include:

1. Special Events and Programs sponsored or attended by members of the Auxiliary. Include projects the Auxiliary used to promote Supreme Programs.
2. The visits of importance made by Officers and/or Members such as visits to the VFW National Home for Children, Grand Meetings, Tomb Trek, Hospital Parties and visits from Grand or Supreme Officers of the Auxiliary need to be included. Do not forget to include a copy of your Memorial Program.
3. You need to include newspaper clippings, mementos, photos, thank you notes, etc.
4. Please remember to include Clown pictures, individually and in-group settings. If your Clown has a "Clown Name", please submit the clown name with individual pictures.
5. Remember that newspaper articles **MUST** mention the Auxiliary-please highlight the Auxiliary's name in the article. Do not forget to include General Orders and Auxiliary Newsletters.
6. If a Grand or Supreme Officer attends our meeting, please include a copy of your minutes highlighting your introduction of that Officer and any comments made by that Officer.

Please use glue (do not use scotch tape). Writing in book must be printed or typed. **JUDGING WILL BE DONE ON NEATNESS, READABILITY AND ORIGINALITY.**

HISTORIAN BOOKS ON THE AUXILIARY LEVEL; can include pictures from her installation, but then must cover the period following the Grand President's installation to the installation of the new President at the next year's Grand Convention.

HISTORIAN BOOKS ON THE GRAND LEVEL; will cover the time period of installation at the Grand Convention to installation of the new President at the next Grand Convention.

HISTORIAN BOOKS ON THE SUPREME DISTRICT LEVEL; will cover the two-year term of the office of Supreme District President from installation to installation of the new Supreme District President.

ELECTRONIC HISTORIAN BOOKS; will follow the above rules, however, will be judged separately from the Hard Cover Historian books, as a separate category.

Please note: SUPREME AND/OR GRAND AUXILIARIES will not be responsible for material lost out of the Historian book.

Only the **FIRST PLACE AUXILIARY** book will be taken to Supreme, along with the **GRAND BOOK**. Information as to where and when the Books should be delivered will be posted at the beginning of the Supreme Convention. There will be 1st, 2nd, and 3rd Place Awards on Auxiliary and Grand levels. 1st Place Supreme District Book will receive a citation.

GRAND PRESIDENTS AND SUPREME DISTRICT PRESIDENTS are instructed to send a report of the Supreme President's visit to the Supreme Historian. This should include her schedule from arrival to departure, any important guests and any special entertainment. Items can be serious, factual or funny.

The Supreme President's book will be done in CHRONOLOGICAL order, so it is very important that the Grand President's Historian or chairmen forward all material within fifteen (15) days after the visit.

SUPREME HISTORIAN:

Linda Borreson
10724 Xavis St. NW
Coon Rapids, Minnesota 55433

Home: 763-717-1366
Linda's cell: 763-218-8004
e-mail: lindaborreson@yahoo.com

JUDGING SCORE SHEET FOR HISTORIAN BOOK

AUXILIARY: _____ GRAND: _____

COVER (Max 5 Points) _____

PICTURES (Max 20 Points) _____

ORIGINALITY (Max 20 Points) _____

NEATNESS (Max 15 Points) _____

OVERALL CONTENT (Max 30 Points) _____

FOLLOWED RULES (Max 10 Points) _____

(Maximum Possible Points: 100)

Total Points: _____

Award/Place: _____

Judges:

Additional Comments:

SUPREME HISTORIAN

See program book for chairman and address.





TOMB TREK AGENDA



THURSDAY, OCTOBER 31, 2019

5:00 PM - 8:00 PM: REGISTRATION:

FRIDAY, NOVEMBER 1, 2019

9:00 AM - 1:00 PM: REGISTRATION: *Main Lobby* (Meal Order closes **NOON**)

2:30 PM - 5:00 PM: REGISTRATION CONTINUES: *Main Lobby*

5:30 PM: 4TH SUPREME DISTRICT MOCA: *Mezzanine #2*

SATURDAY, NOVEMBER 2, 2019

8:00 AM - 9:30 AM REGISTRATION PICK UP FINAL: *Main Lobby*.

9:00 AM: MOCA COUNCIL OF ADMINISTRATION MEETING: *North Ballroom*

10:00 AM: MOC COUNCIL OF ADMINISTRATION MEETING: *South Ballroom*

1:00 PM: 4TH SUPREME DISTRICT MOC: *South Ballroom*

6:00 PM: COCKTAIL HOUR: *Galaxy Room, 16th Floor* - **TICKET HOLDERS ONLY**

7:00 PM: BANQUET: *Galaxy Room, 16th Floor* - **TICKETS HOLDERS ONLY**

PLEASE DO NOT BRING YOUR OWN DRINKS FROM THE HOSPITALITY ROOM INTO THE COCKTAIL HOUR OR BANQUET. MUST HAVE BANQUET TICKET.

SUNDAY, NOVEMBER 3, 2019

9:00 AM: MEMORIAL SERVICE: *South Ballroom*

9:30 AM; LOADING OF THE BUSES

10:00 AM: DEPART FOR CEMETERY

10:15 AM: ARRIVE AT THE ARGONNE CROSS

10:30 AM: WREATH PRESENTATION CEREMONY BEGINS

11:30 AM: CEREMONY CONCLUDES WITH PLAYING OF TAPS

11:45 AM: LOAD BUSES AND DEPARTING BACK TO THE HOTEL

(NOTE: SUPREME OFFICERS AND THEIR GUESTS WILL LOAD ON BUS #1)

12:15 PM SUPREME COMMANDER & PRESIDENT WREATH PRESENTATION AT THE TOMB OF THE UNKNOWNNS

12:30 PM: SUPREME OFFICERS LOAD BUS AND DEPARTING BACK TO THE HOTEL



**Military Order of the Cootie
WREATH REGISTRATION
85th TOMB TREK**

Nov. 1 - 3, 2019



MOC:

Pup Tent & #: _____

Grand of: _____

MOCA:

Pup Tent & #: _____

Grand of: _____

GRAND:

MOC: _____

MOCA: _____

SUPREME DISTRICT:

MOC District #: _____

Auxiliary District #: _____

Each registration is \$ 25.00. (\$5 goes towards the design, compilation and printing of the booklet) Your order must be received before 1 October 2019 to be printed in the Annual Tomb Trek booklet. Wreath orders will be accepted after this date BUT will not be printed in the booklet.

TOTAL AMOUNT \$ _____ CHECK # _____ DATE _____

Please complete this form, make check payable to TOMB TREK COMMITTEE and mail to:

JaneChannel
2728 Hillside Court
Ijamsville MD 21754-8806
email: mocadolphin@msn.com



**Military Order of the Cootie
REGISTRATION 85th TOMB TREK**



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Pup Tent/Auxiliary Name & Number: _____

Email: _____

Meal Selection: Chicken _____ Beef _____ Vegetarian _____
(Please enter how many of each meal selection.)

<u>Type of Registration</u>	<u>Advanced Registration</u>	<u>After 10/1/2019</u>
Full Registration	\$85.00 _____	\$100.00 _____
Registration Only	\$20.00 _____	\$25.00 _____
Banquet Only	\$50.00 _____	\$55.00 _____
Bus Ticket	\$15.00 _____	\$20.00 _____
# Regular _____		
# Handicap _____		

TOTAL AMOUNT \$ _____ CHECK # _____ DATE _____

Please complete this form, make check payable to TOMB TREK COMMITTEE and mail to:

JaneChannel
2728 Hillside Court
Ijamsville MD 21754-8806
email: mocadolpin@msn.com

TOMB TREK OFFICIAL AUX. UNIFORM

MOCA Uniform should be a white shirt/blouse that buttons to the neck of good quality permanent press or cotton broadcloth; to be worn with pants or skirt of similar material. The length of the skirt (A-Line or straight skirt) shall be no shorter than one (1) inch above the knee and no longer than four (4) inches below the knee. Pants should be of dress quality (NO tights or Jeans), length of pants should cover the top of the shoe. Only white shoes with low heels will be worn at Tomb Trek due to the fact that wreaths are presented on turf and walking in heels would be a deterrent to your safety. A red blazer-type jacket will be worn over the uniform with no patches or pins on the jacket. Ties should be Colonel Sanders tie or solid dress red tie, the MOC Tie with embroidered cootie is acceptable. All ties will be worn with shirt buttoned at the neck, MILITARY Style. Jewelry will be held to a minimum, NO HOOP or dangling Ear Rings and NO NOSE or LIP rings. The red and white garrison cap is required and should reflect your most recent position. Examples are online on the MOCA MART.

Remember, if it would not be acceptable as a Military uniform, it is not acceptable at TOMB TREK.

Supreme President's Homecoming

February 6 – 10, 2020

**SAILING ON THE 'CARNIVAL VALOR FROM
NEW ORLEANS, LA TO COZUMEL, MEXICO**



For additional information and prices, please contact

Marquitta Hill

601.596.7546

NIcoleVFW@yahoo.com