



## MEMBERSHIP APPLICATION MILITARY ORDER OF THE COOTIE AUXILIARY

Check Which Below

New Member

Transfer Member

Reinstated Member

Transfer From

Aux. No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Member ID # \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Show above name, number and location of Pup Tent Auxiliary

Applicant's Name (Print) \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip

E-Mail \_\_\_\_\_ Telephone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Dues paid to December 31, \_\_\_\_\_

Member of Post # \_\_\_\_\_ Auxiliary \_\_\_\_\_ Phone # \_\_\_\_\_

Located in \_\_\_\_\_  
City
State

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

**Recommended and Verified by:**

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

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

Accepted: Yes  No

Date \_\_\_\_\_

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