

Blue Star Mothers of America, Inc.

Organized 1942 — Congressionally Chartered 1960

★ Membership Application ★

2016-17 Application

Paid: by \Box check #. ____

Transfer Application

Check www.bluestarmothers.org or email 1vp@bluestarmothers.us for contact information in your area.

| | | | nitted directly to tl | he chapter you join, check mad | |
|--|--|--|--|--|--|
| payable to: Blue Star Mot | | | Amorica Inc | | |
| Or they can be mailed to: Blue Star Mothers of America, Inc. c/o Carla Brodacki, NFS | | | | | |
| | PO Box 443 | icki, ivi | . 5 | | |
| | Saint Clair, MI | 48079 | | | |
| Annual Membership Fee: | \$30 | Note: A | Associate Members a | and Dads do not pay fees. | |
| Members also include mo | thers that have cl | nildren | currently serving in | Basic Training/Boot | |
| Camp. | | | | | |
| Please check one of the fol | llowing: | | | | |
| ☐ I am a New Member: | □ I am a Trans | ☐ I am a Transfer Member | | | |
| | From Chapter # | #, City a | and State | | |
| Chapter I wish to join: | | | | Chapter State & # | |
| Please check one of the fol | llowing: | | | | |
| I am a: \square Mother \square Gold S | Star Mother Ass | sociate | □ Dad | | |
| Applicant Full Name: | | | | | |
| Address: (city, state & zip), | (WE MUST HA | VE CO | OMPLETE INFO) | | |
| Email: | | | | | |
| Primary Phone: (REQUIRED) | | | Cell Phone (optional): | | |
| Please fill out the following | | | | | |
| Name | , for each military | M/F | Branch/Veteran | | |
| | | | | | |
| | | | | | |
| any organization that advocates the means or seeking by force or viol do further swear that I will not member of the Blue Star Mothe | ne overthrow of the go ence to deny any pers so advocate nor will rs of America, Inc. I t I will bear true faith | overnment on their in I become will sup | at of the United States by rights under the Constitution are a member of such an aport and defend the Con | I do not advocate nor am I a member of force or violence or other unconstitutional on of the United States. I organization during the period I am a stitution of the United States against all sign this oath freely, without any mental | |
| Signature: | | | Date: | | |
| For Administration Only: Da | ite application postmark | e d | Received by: | Date Received: | |

cash money order #____Amount: