Blue Star Mothers of America, Inc.



Organized 1942 — Congressionally Chartered 1960 www.bluestarmothers.org

★ Membership Application **★** Transfer Application

Check <u>www.bluestarmothers.org</u> or email <u>firstvp@blustarmothers.org</u> for contact information in your area. Membership applications and dues can be submitted directly to the chapter you join, check made payable to: Blue Star Mothers of America, Inc.

Or they can be mailed to: Blue Star Mothers of America, Inc. c/o Helen Franz, Natl Financial Secretary, PO Box 700048, San Antonio, TX 78270

Annual Membership Fee: \$20 Please check one of the following: Membership: I am a New Member: I am a Transfer Member From Chapter		Associate Members and Dads do not pay fees. and State
Please check one of the following: I am a: Mother Gold Star Mother	A	ssociateDad
Applicants Full Name: Address: (city, state & zip), (WE MUST HA	AVE CO	OMPLETE INFO)
Email:		
Name	M/F	Branch/Veteran
any organization that advocates the overthrow of the unconstitutional means or seeking by force or violence I do further swear that I will not so advocate nor unember of the Blue Star Mothers of America, Inc.	governme te to deny will I bec I will su	unist, Fascist, or Terrorist. I do not advocate nor am I a member of ent of the United States by force or violence or other any person their rights under the Constitution of the United States. ome a member of such an organization during the period I am a pport and defend the Constitution of the United States against all egiance to the same that I sign this oath freely, without any mental
Signature:		Date:
For Administration Only: Date application received Paid: by □ check # □ cash □ money order # Membership card: □ given □ mailed Date: □ Dupdated on National's website ■	ate depos	Amount: ited into account: