Blue Star Mothers of America, Inc.

Organized 1942 – Congressionally Chartered 1960
2019-2020

☐ **BSMA Membership Application** ☐ **Associate Member Application** ☐ **Transfer Application**
($30 annual dues) **(Do NOT pay dues)**

Check www.bluestarmothers.org **or email** 1vp@bluestarmothers.us **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 Brenda Ternullo, NFS
PO Box 3479
Half Moon Bay, CA 94019

Annual Membership Fee: $30 **Note: Associate Members and Dads do not pay fees.**
Members also include mothers that have children currently serving in Basic Training/Boot Camp.

Please check one of the following: ☐ I am a New Member ☐ I am a Transfer Member (please fill out Information: From Chapter # City and State _____

Chapter I wish to join:_____**Chapter State & #**_____
Please check one of the following: I am a: ☐ Mother ☐ Gold Star Mother ☐ Associate ☐ Dad

Applicant Full Name:_____(Please write legibly)

Street Address: **(city, state & zip) (ALL REQUIRED)**

_____

Email: _____
Primary Phone**: (REQUIRED)** _____Cell Phone (optional): _____

Please fill out the following for each military/veteran child. Use reverse side if necessary:

Name	M/F	Branch/Veteran

LOYALTYOATH: I do solemnly swear that I am not a Communist, Fascist, or Terrorist. I do not advocate nor am I a member of any organization that advocates the overthrow of the government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny any person their rights under the Constitution of the United States. I
Do further swear that I will not so advocate nor will I become a member of such an organization during the period I am a member of the Blue Star Mothers of America, Inc. I will support and defend the Constitution of the United States against all enemies foreign or domestic; that I will bear true faith and allegiance to the same that I sign this oath freely, without any menta l reservation or purpose of evasion, so help me God.

Signature:_____Date:

For Administration Only: Date application postmarked: Received by: Date Received: _
Paid: by check #._____ Cash___money order #_____ Amount: _____