



# 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](http://www.bluestarmothers.org) or email [1vp@bluestarmothers.us](mailto: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 Genevieve Schindler, NFS  
PO Box 13086  
Fresno, CA 93794

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

**LOYALTY OATH:** 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: \_\_\_\_\_