



BLUE STAR MOTHERS OF AMERICA, INC
NATIONAL BIG DIPPER Auxiliary
MEMBERSHIP APPLICATION/RENEWAL
MICHIGAN 2022-2023



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CHAPTER STATE & NO: _____ DEPARTMENT: **MICHIGAN**

**** If you belong to a Department please send form to Department Big Dipper Financial Secretary****

Date: _____ Check No.: _____

Send form and check for \$10.00 pay to the order of: Big Dipper Auxiliary

Big Dipper Dept. Of Michigan Auxiliary

% Lorena Stein Bignell

PO Box 309

Ionia MI 48846-0309

Finsec.bdmi@bluestarmothers.us

For Big Dipper Use Only: ↓

Processed: _____

Deposited: _____