



**BLUE STAR MOTHERS OF AMERICA, INC  
BIG DIPPER AUXILIARY MEMBERSHIP  
APPLICATION/RENEWAL 2023-2024**



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHAPTER STATE & NO: \_\_\_\_\_ DEPARTMENT: N/A

**\*\* If you belong to the Department of Michigan or the Department of Ohio, please send your membership form to your Department Big Dipper Financial Secretary\*\***

Send form and check for \$10.00 payable to the order of: "Big Dipper Auxiliary" to  
BSMA National Big Dipper Auxiliary  
c/o Genevieve Schindler  
PO Box 423  
Coarsegold, Ca 93614

OR

If paying through PayPal, please fill out this form and email it to  
[finsec.bd@bluestarmothers.us](mailto:finsec.bd@bluestarmothers.us)

**For Big Dipper Use Only: ↓**

**Amount Paid:** \_\_\_\_\_

**Processed:** \_\_\_\_\_

**Method of Payment:** \_\_\_ Check Check # \_\_\_\_\_

**Deposited:** \_\_\_\_\_

\_\_\_ Card Last 4 Digits on Card \_\_\_\_\_

\_\_\_ Cash