BLUE STAR MOTHERS OF AMERICA, INC
BIG DIPPER AUXILIARY MEMBERSHIP
APPLICATION/RENEWAL 2025-2026

NAME: _____

ADDRESS: _____

CITY: _____STATE: _____ZIP: _____

PHONE:_____EMAIL: _____

CHAPTER STATE & NO: _____DEPARTMENT: _____

** 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

Big Dipper Financial Secretary
Marie Taylor
PO Box 254
Clyde, OH 43410

OR

If paying through PayPal, please fill out this form and email it to finsec.bd@bluestarmothers.us and 1vp.bd@bluestarmothers.us

For Big Dipper Use Only: ↓

Amount Paid: _____ **Processed:** _____

Method of Payment: _____Check / Check No. _____ **Deposited:** _____

___Card Last 4 Digits on Card_____

___Cash