



**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
Lorraine Camire
420 N. McKinley St, Ste 111-B35
Corona, CA 92879-8099

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