



**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](mailto:finsec.bd@bluestarmothers.us) and [1vp.bd@bluestarmothers.us](mailto: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