



BLUE STAR MOTHERS OF AMERICA, INC



**NATIONAL BIG DIPPER Auxiliary**

**MEMBERSHIP APPLICATION/**

**RENEWAL MICHIGAN**

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

% Mary Sherwood

PO Box 2308

Battle Creek, MI 49016

[Finsec.bdmi@bluestarmothers.us](mailto:Finsec.bdmi@bluestarmothers.us)

**For Big Dipper Use Only: ↓**

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

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