

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



NAME:				
ADDRESS:				
CITY:		STAT	E:	ZIP:
PHONE:EMAIL:				
CHAPTER STATE & NO):	DEPARTMENT:		
•		_	-	partment of Ohio, please per Financial Secretary**
Send form and check	c for \$10.00 payab	ole to the orde	er of: "I	Big Dipper Auxiliary" to
Big Dipper Finar Rebecca Collins PO Box 74331 Afton, Oklahom	·			
OR				
If paying through Pa finsec.bd@bluestar	•			
For Big Dipper Use O				
Amount Paid:	<u></u>			Processed:
Method of Payment: _	Check ~Check	No		Deposited:
_	Card Last 4 Dig	gits on Card		_
_	Cash			