



Blue Star Mothers of America, Inc.

Organized 1942 – Congressionally Chartered 1960

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Membership **TRANSFER** Form, Fiscal Year: _____

Membership TRANSFER Form:

Submit directly to your Chapter Fin Sec

Or

Scan then email to 1VP@bluestarmothers.us

Fill-in information – Please print legibly

Applicant Name (Required):

Primary Phone No. (Required):

Cell Phone (Optional):

Email Address (Required):

Address (Required):

City (Required)

State (Required)

Zip (Required)

Please verify the following:

☐ Transfer

☐ Transfer and renewal

(No fee unless it is a renewal application)

Please check all that apply: I am a ☐ Blue Star Mother ☐ Gold Star Mother ☐ Veteran (I myself served in the Military) ☐ Associate ☐ Dad

Chapter information I wish to transfer from: (Required):

Chapter Name:

Chapter State:

Chapter #:

Chapter information I wish to transfer to: (Required):

Chapter Name:

Chapter State:

Chapter #:

Please fill out the following for each military/veteran child. Use reverse side if necessary:

Name	M/F	Branch/Veteran

Gold Star Mothers Only – Please provide your child's name, branch and years served

Name	M/F	Branch/Years

Veteran Mothers Who Served Only – Please provide your branch and years served

Name	M/F	Branch/Years

LOYALTY OATH: I do solemnly swear that I am not a Communist, Fascist or Terrorist. I do not advocate nor am I a member of any organization that advocates the overthrow of the government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny any person their rights under the Constitution of the Unites States. I DO further swear that I will not so advocate nor will I become a member of such an organization during the period I am a member of the Blue Star Mothers of America, Inc. I will support and defend the Constitution of the United States against all enemies foreign and domestic; that I will bear true faith and allegiance to the same that I sign this oath freely, without any mental reservation or purpose of evasion, so help me God.

Applicant Signature: _____ Date: _____

For Administrative Use Only:

Post Mark Date:	Received by	Date Received	Paid by: <input type="checkbox"/> Check No. <input type="checkbox"/> Money order No:	Amount \$
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