



Blue Star Mothers of America, Inc.

Organized 1942 – Congressionally Chartered 1960

www.bluestarmothers.us

*** Membership Application ***
Transfer Application

2016-17 Application

Check www.bluestarmothers.us or email 1vp@bluestarmothers.us for contact information in your area. Membership applications and dues can be submitted directly to the chapter you join, check made payable to: Blue Star Mothers of America, Inc.

Or they can be mailed to: Blue Star Mothers of America, Inc.
c/o Carla Brodacki, NFS
PO Box 443
Saint Clair, MI 48079

Annual Membership Fee: \$30

Note: Associate Members and Dads do not pay fees.

Please check one of the following:

I am a New Member: I am a Transfer Member
From Chapter #, City and State _____

Chapter I wish to join: Blue Star Moms of the SW Valley Chapter State & # AZ4

Please check one of the following:

I am a: Mother Gold Star Mother Associate Dad

Applicant Full Name: _____

Address: (city, state & zip), **(WE MUST HAVE COMPLETE INFO)**

Email: _____

Primary Phone: **(REQUIRED)** _____ Cell Phone (optional): _____

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

Name	M/F	Branch/Veteran

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 United 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 or 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.

Signature: _____ Date: _____

For Administration Only: Date application postmarked _____ Received by: _____ Date Received: _____
Paid: by check #. _____ cash money order # _____ Amount: _____
Membership card: given mailed Date: _____ Date deposited into account: _____
Updated on National's website _____ New Member Packet mailed Date: _____