



Blue Star Mothers of America, Inc.

Organized 1942 – Congressionally Chartered 1960

Membership **APPLICATION** Fiscal Year: _____

Join online www.bluestarmothers.org or email 1vp@bluestarmothers.us for contact information in your area.

If not online: Membership/Associate applications and dues can be:

Submitted directly to the chapter you join. Check made payable to: The Chapter you join

Or

Mailed to: Blue Star Mothers of America, Inc. P.O. Box 880891 Port St. Lucie, FL 34988 Check made payable to: Blue Stars of America, Inc.
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Fill-in information – Please print legibly

Applicant Name (Required):

Primary Phone No. (Required):	Cell Phone (Optional):	Email Address (Required)
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Address (Required):	City (Required)	State (Required)	Zip (Required)
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Please check all that apply:

- New Member Application (\$30 Annual Membership Fee due at application submission)
(Membership includes mothers who have children serving in Basic Training/Boot Camp)
- Associate (Associates and Dads do not pay fees)

If renewing submit your invoice and payment to the P.O. Box listed above – no application needed

Please check all that apply: I am a Blue Star Mother Gold Star Mother Associate Dad

Chapter information I wish to join (Required):

Chapter Name:	Chapter State:	Chapter #:
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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 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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