



BLUE STAR MOTHERS OF AMERICA, INC.

ORGANIZED 1942 – CONGRESSIONALLY CHARTERED 1960

Website: www.bluestarmothers.org

National 1st Vice President Betty Stonner, Membership Chair

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5119 N. Geneva Drive

Geneva, OH 44041

★ Membership/Transfer Application ★

Check the website for a chapter in your area, and contact information for application submittal.

If there is no chapter in your area, please submit application to:

National Chapter One, PO Box 471, Hazel Green, Alabama 35750

Annual Membership Fee: \$10. Note: Associate Members and Dads do not pay fees.

Your check should be made out to the individual chapter: Blue Star Mothers of America, Inc. [Chapter Name]

Your Membership Status: New member Transfer

Your Membership Category: Mother Stepmother Gold Star Mother Associate Dad

Please print your information:

Chapter Name: _____

Applicant Name: _____

Address: _____

Email: _____

Home Phone: _____ Date of Birth: _____

Please fill out the following for each military/veteran child. Attach more sheets, 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 received _____ Received by: _____

Paid: by check #. _____ cash money order # _____ Amount: _____

Membership card: Given Mailed Date: _____ Pin: Given Mailed Date: _____

Date deposited into account: _____