



BLUE STAR MOTHERS OF AMERICA, INC

NATIONAL BIG DIPPER Auxiliary



**MEMBERSHIP APPLICATION/RENEWAL
Michigan 2019-2020**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CHAPTER NUMBER: _____ DEPARTMENT: **MICHIGAN**

**** If you belong to Department of Michigan please send form to Michigan Big Dipper Financial Secretary****

Date: _____ Check No.: _____

Send form and check for \$10.00 pay to the order of: Big Dipper Auxiliary

BSMA Michigan Big Dipper Auxiliary
% Mary Reed, Financial Secretary
PO Box 150254
Grand Rapids MI 49515

Finsec.bdmi@bluestarmothers.us

For Big Dipper Use Only: ↓

Processed: _____

Deposited: _____