



BLUE STAR MOTHERS OF AMERICA, INC

NATIONAL BIG DIPPER Auxiliary



**MEMBERSHIP APPLICATION/RENEWAL
2020-2021**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CHAPTER STATE & NO: _____ DEPARTMENT: _____ **N/A** _____

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

Date: _____ Check No.: _____

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

**BSMA National Big Dipper Auxiliary
% Kathryn Venable
Financial Secretary
P. O. Box 6011
Pocatello, ID 83205**

Finsec.bd@bluestarmothers.us

For Big Dipper Use Only: ↓

Processed: _____

Deposited: _____