



BLUE STAR MOTHERS OF AMERICA, INC

NATIONAL BIG DIPPER Auxiliary

MEMBERSHIP APPLICATION/RENEWAL

OHIO 2022-2023

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHAPTER STATE & NO: _____ DEPARTMENT: OHIO

*****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 **Big Dipper Auxiliary**

Dept of Ohio Big Dipper Auxiliary

c/o Lorelei Schluter

Financial Secretary

PO Box 3574

Dublin, Ohio 43016

Finsec.bdoh@bluestarmothers.us

For Big Dipper Use Only:

Processed: _____

Deposited: _____