

Blue Star Mothers of America, Inc.

Organized 1942 — Congressionally Chartered 1960 2021-2022

	tion ☐ Associate Member Application ☐ Transfer Appl (Do NOT pay dues)	ication
Membership applications and depayable to: Or they can be mailed to: Blue Solution C/O PO F	r email 1vp@bluestarmothers.us for contact information in ues can be submitted directly to the chapter you join, of tar Mothers of America, Inc. Star Mothers of America, Inc. Lucie Cutts, NFS Sox 474 o, MN 55369-9906	•
Annual Membership Fee: \$30	Note: Associate Members and Dads do not pay fee	<u>es.</u>
-	at have children currently serving in Basic Training/Boot (
_	□ I am a New Member □ I am a Transfer Member (please ty and State	
Chanter I wish to join	Chapter State & #	
	I am a: □ Mother □ Gold Star Mother □ Associate □ Dad	
Street Address: (city, state & zip) Email:		
	Cell Phone (optional):	
	h military/veteran child. Use reverse side if necessary:	
Name	M/F Branch/Veteran	
any organization that advocates the overt unconstitutional means or seeking by force States. I Do further swear that I will not so a member of the Blue Star Mothers of Amer	that I am not a Communist, Fascist, or Terrorist. I do not advocate nor am I a hrow of the government of the United States by force or violence or of or violence to deny any person their rights under the Constitution of the I dvocate nor will I become a member of such an organization during the period ica, Inc. I will support and defend the Constitution of the United States against true faith and allegiance to the same that I sign this oath freely, without so help me God.	other United I I am a ninst all
Signature:	Date:	
Administration Only: Date appli	cation postmarked: Received by: Date Received: ney order #Amount:	_