



**BLUE STAR MOTHERS OF AMERICA, INC**

**NATIONAL BIG DIPPER Auxiliary**

**MEMBERSHIP APPLICATION/RENEWAL**

**OHIO 2023-2024**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHAPTER STATE & NO: \_\_\_\_\_ DEPARTMENT: OHIO

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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](mailto:Finsec.bdoh@bluestarmothers.us)

**For Big Dipper Use Only:**

**Processed:** \_\_\_\_\_

**Deposited:** \_\_\_\_\_