



**BLUE STAR MOTHERS OF AMERICA, INC
BIG DIPPER AUXILIARY MEMBERSHIP
APPLICATION/RENEWAL 2024-2025**



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CHAPTER STATE & NO: _____ DEPARTMENT: N/A

**** If you belong to the Department of Michigan or the Department of Ohio, please send your membership form to your Department Big Dipper Financial Secretary****

Send form and check for \$10.00 payable to the order of: "Big Dipper Auxiliary" to
Big Dipper Financial Secretary
Melissa DeGiorgio
P. O. Box 22054
Chattanooga TN 37422

OR

If paying through PayPal, please fill out this form and email it to
finsec.bd@bluestarmothers.us

For Big Dipper Use Only: ↓

Amount Paid: _____

Processed: _____

Method of Payment: ___ Check Check # _____

Deposited: _____

___ Card Last 4 Digits on Card _____

___ Cash