Blue Star M	others of A	America,	Inc
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Organized 1942 – Congressionally Chartered 1960 2023-2024



□ Membership Application □ Associate Member Application □ Transfer Application (\$30 Annual Dues) (Do NOT pay dues)

Check <u>www.bluestarmothers.org</u> or email <u>lvp@bluestarmothers.us</u> for contact information in your area. Membership applications and dues can be submitted directly to the chapter you join. Or they can be mailed to:

Blue Star Mothers o c/o Sonya Kay, NFS PO Box 9724	,	OR	Mid-Cal Blue Star M P.O. Box 1745 Oakdale, CA 95361	loms	
Naperville, IL 6056	7		,		
Annual Membership Fee:	\$30	Note: A	Associate Members a	and Dads do not pay fees.	
Please check one of the fol	llowing:				
□ I am a New Member:	□ I am a Transfer Member From Chapter #, City and State				
Chapter I wish to join:	Mid-Cal Blue S	Star Mo	oms	Chapter State & #CA39	
Please check one of the fol	llowing:				
I am a: \Box Mother \Box Gold	Star Mother \Box A	Associa	ate 🗆 Dad		
Applicant Full Name:					
Address: (city, state & zip),	(WE MUST HA	VE CO	OMPLETE INFO)		
Email:					
Primary Phone: (REQUIR	IRED) Cell Phone (optional):				
Please fill out the following	g for each military	/vetera	n child. Use reverse s	side if necessary:	
Name		M/F	Branch/Veterar		

LOYALTY OATH: I do solemnly swear that I am not a Communist, Fascist, or Terrorist. I do not advocate nor am I a member of any organization that advocates the overthrow of the government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny any person their rights under the Constitution of the United States. I do further swear that I will not so advocate nor will I become a member of such an organization during the period I am a member of the Blue Star Mothers of America, Inc. I will support and defend the Constitution of the United States against all enemies foreign or domestic; that I will bear true faith and allegiance to the same that I sign this oath freely, without any mental reservation or purpose of evasion, so help me God.

Signature:	Date:				
For Administration Only: Date application postm Paid: by check # cash money order Membership card: given mailed Date: Updated on National's website					