

Updated on National's website _____

Blue Star Mothers of America, Inc.

Organized 1942 — Congressionally Chartered 1960 2023-2024



☐ Membership Application ☐ Associate Member Application ☐ Transfer Application (\$30 Annual Dues) (Do NOT pay dues) Check www.bluestarmothers.org or email 1vp@bluestarmothers.us 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 of America, Inc. OR Mid-Cal Blue Star Moms c/o Sonya Kay, NFS P.O. Box 1745 PO Box 9724 Oakdale, CA 95361 Naperville, IL 60567 Note: Associate Members and Dads do not pay fees. **Annual Membership Fee: \$30** Please check one of the following: □ I am a New Member: ☐ I am a Transfer Member From Chapter #, City and State _____ Chapter I wish to join: Mid-Cal Blue Star Moms Chapter State & # CA39 Please check one of the following: I am a: □ Mother □ Gold Star Mother □ Associate □ Dad Applicant Full Name: Address: (city, state & zip), (**WE MUST HAVE COMPLETE INFO**) Email: ______ Cell Phone (optional): ______ Email: Please fill out the following for each military/veteran child. Use reverse side if necessary: Branch/Veteran Name M/F 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 postmarked ______ Received by: _____ Date Received: _____ Paid: by \square check #. ____ \square cash \square money order # ____ Amount: ____ Membership card: □ given □ mailed Date: _____ Date deposited into account: _____

New Member Packet □ mailed Date:_____