



# Blue Star Mothers of America, Inc.

Organized 1942 – Congressionally Chartered 1960

[www.bluestarmothers.org](http://www.bluestarmothers.org)

## ★ Membership Application ★ Transfer Application

Please use this application for all members or transfers regardless of any other membership applications that may have been completed, including online applications.

**Annual Membership Fee: \$30** Note: Associate Members and Dads do not pay fees.  
Membership Fee is due Sept. 1st each year and runs through August 31st of the following year.

**Please check one of the following:**

Membership: I am a New Member: \_\_\_\_\_

I am a Transfer Member \_\_\_\_ From Chapter #, City and State \_\_\_\_\_

I am a member renewing for year: \_\_\_\_\_

**Please check one of the following:**

I am a: \_\_\_\_ Mother \_\_\_\_ Step Mother \_\_\_\_ Grandmother \_\_\_\_ Associate \_\_\_\_ Dad

I am a Gold Star Mother \_\_\_\_yes \_\_\_\_no

**Please print Chapter Name, Number and Location:**

Blue Star Moms of Marin, Chapter 24, Marin County, California

Applicants Full Name: \_\_\_\_\_

Address: (city, state & zip), (WE MUST HAVE COMPLETE INFO)

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

Home Phone:(REQUIRED) \_\_\_\_\_ cell (optional) \_\_\_\_\_

Please fill out the following for each military/veteran child. Use reverse side if necessary:

Name	M/F	Branch/Veteran

**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 received \_\_\_\_\_ Received by: \_\_\_\_\_

Paid: by  check #. \_\_\_\_\_  cash  money order # \_\_\_\_\_ Amount: \_\_\_\_\_

Membership card:  given  mailed Date: \_\_\_\_\_ Date deposited into account: \_\_\_\_\_

**PLEASE RETURN TO:** BLUE STAR MOMS OF MARIN, MEMBERSHIP, P.O. BOX 5684, NOVATO, CA 94948

**CONTACT US:** [info@bluestarmomsofmarin.org](mailto:info@bluestarmomsofmarin.org)

**MORE INFO:** [www.bluestarmomsofmarin.org](http://www.bluestarmomsofmarin.org)