



Blue Star Mothers of America, Inc.

Organized 1942 - Congressionally Chartered 1960

www.ccbluestarmoms.org

2016/17 Application
Membership for 9-1-16 to 8-31-17

*** Membership Application ***
Transfer Application

Membership applications and dues can be submitted directly to the chapter you join, check made payable to:

Annual Membership
Fee: \$30



Contra Costa Blue Star Moms
California Chapter 20
P.O. Box 6379
Concord, CA 94524

NOTE: Associate Members and Dads do not pay fees but need to submit an application annually.

Please check one of the following:

- 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 Gold Star Mother Associate Dad

Applicant's Full Name _____

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

Email _____ **(REQUIRED)**
Hm Phone _____ **(REQUIRED)** Cell _____ **(REQUIRED)**

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 of 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 _____
Updated on National's website _____ New Member Packet mailed Date _____