



# Blue Star Mothers of America, Inc.

Organized 1942 - Congressionally Chartered 1960

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

**2017/18 application**  
Membership for 9-1-17 to 8-31-18

## \* 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 \_\_\_\_\_