



Blue Star Mothers of America, Inc.

Organized 1942 – Congressionally Chartered 1960

Membership Application / Transfer Application

National website: www.bluestarmothers.org Miami Valley Chapter #3 website: www.bluestarmothersdayton.com

PLEASE MAIL THIS FORM TO: Blue Star Mothers of America – Miami Valley Chapter #3
P. O. Box 292722
Dayton, Ohio 45429

Membership applications and dues can be submitted directly to the chapter you join, check made payable to: Blue Star Mothers of America – Miami Valley Chapter #3.

Annual Membership Fee: \$20 Note: Associate Members and Dads do not pay fees.

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 Associate Dad ~ I am a Gold Star Mother yes no

Chapter Name, Number and Location: OHIO – MIAMI VALLEY CHAPTER #3

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: _____