



Blue Star Mothers of America, Inc.
Organized 1942 congressionally Chartered 1960

APPLICATION FOR MEMBERSHIP
TRANSFER MEMBERSHIP – ANNUAL RENEWAL OF MEMBERSHIP
Southwest Florida Blue Star Mothers Chapter FL4

www.floridabluestarmoms.com www.bluestarmothers.org

Annual Member DUES \$20 – Associate Members and Blue Star Dads do not pay dues.

Mail application with check payable to: Southwest Florida Blue Star Mothers FL4
P.O. Box 51702, Sarasota, FL 34232

ALL INFORMATION MUST COMPLETED ON APPLICATION OR IT WILL NOT BE PROCESSED. THANK YOU.

Please check one of the following:

New Member: Mother Stepmother Guardian Gold Star Mother

Member: Renewal for year _____

Associate: Dad Family Member _____ Friend

Applicant/Member Full Name: _____

Address/City/State/Zip: _____

Mailing address if different: _____

Phone: Cell: _____ Work _____ Home: _____

Email: (1) _____ (2) _____

Circle primary contact method. Example: if phone circle cell, if email circle primary email (1) or (2)

Please fill out the following for each Service Member/Veteran/Child. Use reverse side if necessary.

Name of Service Member/Child	M/F	Branch of Military/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.

Applicant/Member Signature: _____ **Date:** _____

FOR ADMINISTRATION ONLY: Date application received _____ Received by: _____	
Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order # _____	
Total Amount: \$ _____ Added donations Amount: \$ _____ Date deposited: _____	
MEMBERSHIP CARD: <input type="checkbox"/> GIVEN <input type="checkbox"/> MAILED DATE: _____ IF RE-ISSUED DATE: _____	