



# Blue Star Mothers of America, Inc.

Organized 1942 - Congressionally Chartered 1960

www.floridabluestarmoms.com www.bluestarmothers.org

## 2010 Application



Membership Application



Transfer Membership

Renew Membership

FL4 SouthWest Florida Blue Star Mothers

Annual Membership \$ 20 for Members – Associate Members do not pay dues

Mail application with check payable to

SouthWest Florida Blue Star Mothers FL4

P.O. Box 51702

Sarasota, FL 34232

Please check one of the following:

Member: Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Gold Star Mother Yes \_\_\_\_\_ No \_\_\_\_\_

New Member: \_\_\_\_\_ Renewal for year 2009 \_\_\_\_\_

Transfer Member \_\_\_\_\_ From Chapter #, City and State \_\_\_\_\_

Associate (no dues required): Dad \_\_\_\_\_ Family Member \_\_\_\_\_ Friend \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Number 4

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

REQUIRED Address \_\_\_\_\_ City/State \_\_\_\_\_

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

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: \_\_\_\_\_