

# BLUE STAR MOTHERS OF AMERICA, INC.

ORGANIZED 1942 CONGRESSIONALLY CHARTERED 1960 [www.bluestarmothers.org](http://www.bluestarmothers.org)



## Lone Star Chapter Tx # 6

Website: [www.dfwbluestarmoms.org](http://www.dfwbluestarmoms.org)

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Please print the form, complete and sign it and mail it with your payment (if applicable) to:

Blue Star Mothers of America, Inc.  
Lone Star Chapter - Tx #6  
P. O. Box 861344  
Plano, TX 75086-1344

Annual Membership Fee: \$20.00, Blue Star pin an additional \$11.50

Note: Associate Members and Fathers do not pay membership fees.

Your check should be made out to:  
Blue Star Mothers of America, Inc. (Lone Star Chapter Tx#6)

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### Membership/Transfer Application Information

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Please choose type of membership

New Member  
 Renewing Membership  
 Transferring Membership  
From State \_\_\_\_\_ Chapter# \_\_\_\_\_

Please choose type of membership

Mother / Step Mother  
 Gold Star Mother  
 Father / Step Father (No Fee Required)  
 Associate Membership (No Fee Required)

Applicant Name:

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Applicant Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Contact Phone Numbers:

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email Address

\_\_\_\_\_ @ \_\_\_\_\_

Please fill out the following for each active/reserve/veteran of your military family member.

Full Name	Gender Female/Male	Branch of Military Service Army, Marine, Navy, Etc	Veteran? Yes or No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 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.; that 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; and that I sign this oath freely, without any mental reservation or purpose of evasion, so help me God. By signing this form, you further swear that all the information listed here is truthful and accurate.

\_\_\_\_\_ (signature) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (date)

### For Administrative Use Only:

Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Received By: \_\_\_\_\_

Paid By:  Check (#\_\_\_\_\_)  Cash  Money Order

Amount Paid: \$\_\_\_\_\_.\_\_\_\_\_

Membership Card:  Given  Mailed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Membership Pin:  Given  Mailed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_