



Blue Star Mothers of America, Inc.

Organized 1942 – Congressionally Chartered 1960

www.bluestarmothers.org

★ Membership Application ★
Transfer Application

2023/24 Application

Check www.rollinghillsbluestarmoms.org or email lstvp.rhbsm@gmail.com

Check made payable to:

Rolling Hills Blue Star Moms

Membership applications and dues can be submitted directly to

Rolling Hills Blue Star Moms Chapter CA-27

P.O. Box 6156, Folsom, CA 95763

Annual Membership Fee: \$30

Note: Associate Members and Dads do not pay fees.

Please check one of the following:

☐ I am a Renewing Member:

☐ I am a New Member

☐ I am a Transfer Member

From Chapter # _____,

City and State _____

Please check one of the following:

I am a: ☐ Mother ☐ Gold Star Mother ☐ Associate ☐ Dad

Applicant Full Name: _____

Address: (city, state & zip), (WE MUST HAVE COMPLETE INFO)

Email: _____

Primary Phone: **(REQUIRED)** _____ Cell Phone: (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. By signing below, I hereby give my permission to Rolling Hills Blue Star Moms to use my name or photo in any of its publicity information.

Signature: _____ Date: _____

For Administration Only: Date application postmarked _____ Received by: _____ Date Received: _____

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: _____

Rev. 8/1/23