)18/19 Application	www.bluestar ★ Membership Transfer A	Applicatio	on <b>*</b>	
	w.rollinghillsbluestarr mail president@rolling			
-	Check made <u>Rolling Hills Bl</u>	payable t	0:	
	nip applications and du	ues can be	submitted directly to:	
I	Rolling Hills Blue Star I P.O. Box 6156, Fo		-	
Annual Membership Fee: \$3	0 <u>Note: Ass</u>	sociate <u>M</u> e	mbers and Dads do not pay fees	
-	ing:			
Please check one of the follow		□ I am a New Member □ I am a Transfer Member From Chapter #,		
	□ I am a New N	Member	From Chapter #,	
□ I am a Renewing Member:		Member		
	ing:		From Chapter #,	
<ul><li>I am a Renewing Member:</li><li>Please check one of the follow</li></ul>	<b>ing:</b> r □ Grandmother □ Fo:		From Chapter #,	
□ I am a Renewing Member: Please check one of the follow I am a: □ Mother □ Step-Mothe □ Gold Star Mother □ Dad	<b>ing:</b> r □ Grandmother □ Fo:	oster-Mother	From Chapter #, City and State	
□ I am a Renewing Member: Please check one of the follow I am a: □ Mother □ Step-Mothe □ Gold Star Mother □ Dad	ing: r □ Grandmother □ Fo: □ Associate	oster-Mother	From Chapter #, City and State	
<ul> <li>I am a Renewing Member:</li> <li>Please check one of the follow</li> <li>I am a:  <ul> <li>Mother</li> <li>Step-Mother</li> <li>Gold Star Mother</li> <li>Dad</li> </ul> </li> <li>Applicant Full Name:</li> </ul>	ing: r □ Grandmother □ Fo: □ Associate	oster-Mother	From Chapter #, City and State	
□ I am a Renewing Member: Please check one of the follow I am a: □ Mother □ Step-Mothe □ Gold Star Mother □ Dad Applicant Full Name: Address: (city, state & zip), (W	ing: r □ Grandmother □ Fo: □ Associate	oster-Mother	From Chapter #, City and State	
□ I am a Renewing Member: Please check one of the follow I am a: □ Mother □ Step-Mothe □ Gold Star Mother □ Dad Applicant Full Name: Address: (city, state & zip), (W  Email:	ing: r □ Grandmother □ Fo: □ Associate	oster-Mother	From Chapter #, City and State	
□ I am a Renewing Member: Please check one of the follow I am a: □ Mother □ Step-Mothe □ Gold Star Mother □ Dad Applicant Full Name: Address: (city, state & zip), (W  Email: Primary Phone: (REQUIRED)	ing: r □ Grandmother □ Fos □ Associate /E MUST HAVE COM	oster-Mother	From Chapter #,         City and State         NFO)         one: (optional)	
□ I am a Renewing Member: Please check one of the follow I am a: □ Mother □ Step-Mothe □ Gold Star Mother □ Dad Applicant Full Name: Address: (city, state & zip), (W  Email: Primary Phone: (REQUIRED)	ing: r □ Grandmother □ Fos □ Associate /E MUST HAVE COM	oster-Mother	From Chapter #, City and State NFO) one: (optional) e reverse side if necessary:	
□ I am a Renewing Member: Please check one of the follow I am a: □ Mother □ Step-Mothe □ Gold Star Mother □ Dad Applicant Full Name: Address: (city, state & zip), (W  Email: Primary Phone: (REQUIRED) Please fill out the following for	ing: r □ Grandmother □ For □ Associate /E MUST HAVE COM 	oster-Mother /IPLETE I Cell Ph <u>child. Use</u>	From Chapter #, City and State NFO) one: (optional) e reverse side if necessary:	
□ I am a Renewing Member: Please check one of the follow I am a: □ Mother □ Step-Mothe □ Gold Star Mother □ Dad Applicant Full Name: Address: (city, state & zip), (W  Email: Primary Phone: (REQUIRED) Please fill out the following for	ing: r □ Grandmother □ For □ Associate /E MUST HAVE COM 	oster-Mother /IPLETE I Cell Ph <u>child. Use</u>	From Chapter #, City and State NFO) one: (optional) e reverse side if necessary:	

Signature:				
For Administration Only:	Date application postmarked	Received by:	Date Received:	
Paid: by $\Box$ check #	cash 🛛 money order #	Amount:		
Membership card:  given	mailed Date:Date de	posited into account:		
Updated on National's website	New Me	ember Packet 🖂 mailed Date:		Rev. 10/18/18