



BLUE STAR MOTHERS OF AMERICA, INC.
DEPARTMENT of OKLAHOMA
P O BOX 1265
Sand Springs, OK 74063-1265
918/814-2722
www.okdeptbluestarmothers.org



MEMBERSHIP APPLICATION
One Applicant per Form

You may join any Chapter in the Department of Oklahoma; your completed application will be forwarded to the Chapter President whose Chapter you indicate you wish to join. Please send your completed application and payment payable to: Dept. of OK BSM to the address listed above.

MEMBERSHIP FEE RENEWABLE JANUARY 1 EACH YEAR: Blue Star Mothers \$20.00; Dads & Associates \$0.00

I wish to Join Renew Chapter # _____ as a Blue Star Mother Blue Star Dad Associate

OKLAHOMA BLUE STAR MOTHERS OF AMERICA CHAPTERS

- | | |
|---|---|
| Chapter # 1 ~ Oklahoma (Tulsa) | Chapter # 2 ~ Wagoner |
| Chapter # 3 ~ Muskogee | Chapter # 4 ~ Sand Springs |
| Chapter # 5 ~ Broken Arrow | Chapter # 6 ~ Oklahoma City (Southside) |
| Chapter # 7 ~ Coweta | Chapter # 8 ~ NOKC (Edmond) |
| Chapter # 9 ~ Lake Area (Mannford) | Chapter # 10 ~ Mounds/Sapulpa |
| Chapter # 11 ~ Enid | Chapter # 12 ~ MKO Green Country |
| Chapter # 13 ~ | Chapter # 14 ~ Pittsburg County (McAlester) |
| Chapter # 15 ~ Heartland (Prague) | Chapter # 16 ~ Chisholm Trail (Duncan) |
| Chapter # 17 ~ Tri-County (Owasso) | Chapter # 18 ~ Mayes County (Pryor) |
| Chapter # 19 ~ Tallgrass Prairie (Bartlesville) | Chapter # 20 ~ Rogers County (Claremore) |

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Alternate Phone: _____ E-Mail Address: _____

I do solemnly swear that I am not a Communist or a Fascist. 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.

Signed _____ Date

Military Service Member's Name	Date of Birth	Relationship to Member	Branch of Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the APO/FPO address of each Service member listed above. Send three signed copies to the Dept. mailing address.

For Administration Only:

Date Application was received: _____	Check: _____	Cash: _____	M.O: _____
Check/Money Order # _____	Total Amount Received : \$ _____		
Received by: _____	Membership Card Given/Mailed: Date _____		
Date Deposited into Bank _____			