



*** MEMBERSHIP APPLICATION ***
Transfer Application

Check www.bluestarmothers.org for a chapter in your area or select from the Oklahoma Chapters listed below. Membership applications and dues can be submitted directly on the website under JOIN NOW if a new member or renewal option is given when you log in. A printed application/renewal can be submitted directly to the chapter you join. Checks should be made out to Blue Star Mothers of America, Inc. Applications can be mailed to the Department of Oklahoma, PO Box 1265, Sand Springs, OK 74063-1265 and we will forward to the Chapter President.

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

I am a new Member:____; I am a Gold Star Mother ____yes ____no

I am a Transfer Member____ From State ____ Chapter #____, City and State _____

I am a member renewing for year: _____

As a Member applicant, I am a: Birth Mother Adoptive Mother Step Mother Foster Mother
Grand Mother Legal Guardian

As an Associate applicant, I am an: Associate Dad

OKLAHOMA BLUE STAR MOTHERS OF AMERICA, INC. CHAPTERS

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|--------------------------------------------------|------------------------------------------|
| Chapter # 1 ~ Oklahoma (Tulsa) | Chapter # 2 ~ Wagoner |
| Chapter # 3 ~ Muskogee | Chapter # 4 ~ Sand Springs |
| Chapter # 5 ~ Broken Arrow | Chapter # 6 ~ South Oklahoma City |
| 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 # 14 ~ Pittsburg County (McAlester) | Chapter # 16 ~ Chisholm Trail (Duncan) |
| Chapter # 17 ~ Tri-County (Owasso) | Chapter # 18 ~ Mayes County (Pryor) |
| Chapter # 19 ~ Tall Grass Prairie (Bartlesville) | Chapter # 20 ~ Rogers County (Claremore) |

Applicants Full 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	M/F	Relationship to Member	Service Branch/Veteran
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the APO/FPO address of each Service member listed above if deployed. Your military service member DOES NOT have to be deployed to be eligible for membership.

For Administration Only:

Date Application was received:_____ Check:_____ Cash:_____ Money Order:_____

Check/Money Order # _____ Total Amount Received : \$ _____

Received by:_____ Membership Card Given/Mailed: Date _____

Date Deposited into Bank _____