



2009/2010

# Blue Star Mothers of America, Inc.

## New Membership/Renewal Application

Blue Star Mothers of New Hampshire  
c/o Karen Thurston  
11 Jameson Ave  
Gilford, NH 03249

- Please check the Blue Star Mothers of New Hampshire
- Blue Star Mothers **Membership fee per year is \$20.00/year** – mailed to the above address.
- National Blue Star Mothers website: [www.bluestarmothers.org](http://www.bluestarmothers.org) for chapters and information. Where you may now join online and pay by credit card.

**Associate Members and Dads do not pay fees.**

### Membership Status

new member or renew  transfer **\*\*\*\***  Mother  Stepmother  Gold Star Mother  Associate  Dad

Which Chapter (leave blank if unsure) **Blue Star Mothers of New Hampshire**

Your Name (Please print) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Phone Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ (optional)

E-MAIL Address \_\_\_\_\_

Name of son or daughter in service \_\_\_\_\_

Branch of Service \_\_\_\_\_

Date Entered Service \_\_\_\_\_

Stationed at \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ DATE \_\_\_\_\_

### For Administration Only:

Date application received \_\_\_\_\_ Received by: \_\_\_\_\_

Paid:  check  cash  money order check or money order number \_\_\_\_\_ Total paid \_\_\_\_\_

Membership card:  given  mailed Date: \_\_\_\_\_

Pin(s)  given  mailed Date: \_\_\_\_\_

Date deposited into account: \_\_\_\_\_