



2009/2010 application

# Blue Star Mothers of America, Inc.

## New Membership/Renewal Application

Blue Star Mothers of New Hampshire ~ Chapter 1  
c/o Karen Thurston  
11 Jameson Ave  
Gilford, NH 03249  
[nhbluestarmom@yahoo.com](mailto:nhbluestarmom@yahoo.com)

Please check the Blue Star Mothers website: <http://www.bluestarmothersofnh.org> for chapter information.  
Annual Membership Fee: \$10 Note: Associate Members and Dads do not pay fees. Please check one of the following:

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I am a member renewing for year: \_\_\_\_\_

I am a: \_\_\_ Mother \_\_\_ Step-Mother \_\_\_ Gold Star Mother \_\_\_ Dad \_\_\_ Associate

Which Chapter (leave blank if unsure) Blue Star Mothers of New Hampshire ~ Chapter 1

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

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

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

Your Phone Number \_\_\_\_\_ Cell Phone: (optional) \_\_\_\_\_

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

Please fill out the following for each military/veteran child. Use reverse side if necessary:

Name	M/F	Branch/Veteran

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: \_\_\_\_\_