



BLUE STAR MOTHERS OF AMERICA, INC



NATIONAL BIG DIPPER *Auxiliary*

MEMBERSHIP APPLICATION 2012 -2013

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ EMAIL: _____

CHAPTER STATE & NO: _____ DEPARTMENT: _____

Date: _____ Check No.: _____

Send form and check for \$5.00 pay to the order of: Big Dipper Auxiliary

Robin Johnson
Big Dipper Nat'l Fin Sec
72 Minnerly Rd
Coxsackie, NY 12051

Robin.Johnson@SUNY.edu

For Big Dipper Use Only: ↓

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*IF YOU BELONG TO A
DEPARTMENT WITH A BIG
DIPPER AUXILIARY – SEND TO
YOUR DEPARTMENT BIG DIPPER
FINANCIAL SECRETARY AND
SHE WILL FORWARD HALF TO
BIG DIPPER FINANCIAL
SECRETARY*
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