



**BLUE STAR MOTHERS OF AMERICA, INC**  
**NATIONAL BIG DIPPER AUXILIARY**  
**MEMBERSHIP APPLICATION/RENEWAL**  
**OHIO 2024-2025**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHAPTER NO. and NAME: \_\_\_\_\_

DEPARTMENT: OHIO

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Check No: \_\_\_\_\_

Check should be made for \$10.00, payable to:  
*Blue Star Mothers of Ohio, Dept. of OH, Big Dipper Auxiliary:*

Mail application and check to:  
**Dept of Ohio Big Dipper Auxiliary**  
**c/o Suzanne Hughes- Lapp**  
**Financial Secretary**  
**PO Box 3574**  
**Dublin, Ohio 43016**

[Finsec.bdoh@bluestarmothers.us](mailto:Finsec.bdoh@bluestarmothers.us)

**For Big Dipper Use Only:**

Processed: \_\_\_\_\_

Deposited: \_\_\_\_\_