

AMERICAN GOLD STAR MOTHERS, INC.
MEMBERSHIP APPLICATION

APPLICANT INFORMATION

(Organized June 4, 1928, Washington D.C.)

Incorporated January 5, 1929, Washington D.C.

American Gold Star Mothers, Inc., is an organization of mothers whose sons and daughters served and died while on active duty, while in the Armed Forces of the United States, or died as a result of such service, or were missing in action

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

Are you a Veteran?

If "yes," Branch of Service:

Years Served:

The official publication of AGSM is "The Gold Star Mother." How would you like to receive your newsletter? Digital Printed

APPLICANT'S RELATIONSHIP

Natural Mother Stepmother Adoptive Mother Father Stepfather Brother Sister Grandparent

Name of Veteran:

Veteran's DOB:

Branch of Service:

Date of Enlistment:

Rank:

Place of Death:

Date of Death:

REQUIRED TO ESTABLISH MEMBERSHIP ELIGIBILITY:

If the death occurred on Active Duty Status, documentation needed for consideration of membership must include ONE of the following: DD1300 (Report of Casualty) OR DD2064 (Certificate of Death Overseas). If the death occurred after release from active-duty status, a rating decision letter of "service-connected death" from the Department of Veterans Affairs OR a service-connected death as stated on a Civilian Death Certificate. Stepmothers must provide legal documentation of your established parent/child relationship before the child's 15th birthday. Additional documentation may be requested by American Gold Star Mothers, Inc.

PREVIOUS MEMBERSHIP

If you have previously been a member of American Gold Star Mothers, Inc., please provide the name of the:

Chapter: _____ State _____ Year _____

GOLD STAR FATHERS, GOLD STAR SIBLINGS, AND GOLD STAR GRANDPARENTS ARE ELIGIBLE TO JOIN AS AN ASSOCIATE MEMBER. THEY PAY NO DUES; BUT MAY RECEIVE OUR NEWSLETTER FOR AN ANNUAL FEE OF \$35.00.

PAYMENT INFORMATION: Check, money order, credit card or Pay Pal payment on www.goldstarmoms.com of \$35.00 must be included.

Check: No. _____ Amount \$ _____ Date Paid: _____ PayPal Conf.#: _____

Credit Card: Card No. _____ Exp. Date _____ CVV _____

Name on Card (please print): _____

SIGNATURES

I am a citizen or legal resident of the United States of America and certify the above statements are true. I hereby authorize the release of above information to the National Executive Board of AGSM, Inc. *Proof of relationship to establish eligibility rests with the applicant. Altered documentation or providing false information will result in automatic denial or revocation of membership. A review of membership qualifications may occur after acceptance into the organization and may result in rescinding membership.*

Signature of Applicant*:

Date:

*By signing this document electronically, Applicant acknowledges that it has the same validity and meaning as a handwritten signature and is the legally binding equivalent to a handwritten signature.

Associate Members – please supply your Gold Star Mother's name:

Associate Members pay no dues. However, if you would like to receive our newsletter, it is a yearly fee of \$35.00. (If you would like to receive our newsletter, complete payment information above.) Preferred newsletter format: Digital Printed

**SEND APPLICATION TO: AGSM, INC. 2128 LEROY PLACE NW, WASHINGTON, DC 20008 or
Email with supporting documentation to: NSO@americangoldstarmothers.org**

OFFICIAL USE ONLY

TYPE OF MEMBERSHIP: _____ DATE: _____

CHAPTER: _____ DEPT: _____

NSO SIGNATURE: _____ DATE: _____



Media Release Consent Form

I hereby give permission American Gold Star Mothers, Inc to use my image in:

Photographs Audio Recordings Video Recordings Other _____

Description: _____

Applicant's Name: _____

I hereby authorize American Gold Star Mothers, Inc. to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the Internet this material for the purposes of publicizing American Gold Star Mothers, Inc. programs or other lawful purpose without payment or any other consideration. By signing this document, I understand that:

- The material will be used only for nonprofit/educational purposes.
- The above-named individual/organization will not release the materials to any other nonprofit or commercial entity without seeking my permission.
- Any proceeds from the sale of published or printed matter containing the materials will be used to support the mission of American Gold Star Mothers, Inc.
- The materials will become the property of American Gold Star Mothers, Inc. stored in a place chosen by American Gold Star Mothers, Inc. and will not be returned to me.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I waive any right to royalties or other compensation arising or related to the use of the materials. I hereby hold harmless and release and forever discharge American Gold Star Mothers, Inc. from all claims, demands, liability and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature* _____ Date _____

Printed Name _____ Address _____

City/State/Zip _____ Phone# _____

Signature Representative AGSM, Inc. _____ Date _____

*By signing this document electronically, Applicant acknowledges that it has the same validity and meaning as a handwritten signature and is the legally binding equivalent to a handwritten signature.