

APPLICATION FOR MEMBERSHIP

# American Gold Star Mothers, Inc.

(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 or daughters have made the supreme sacrifice while in any branch of the Military or Naval Service of the United States of America, or died as a result of such service.**

Husbands and children of members of American Gold Star Mothers, Inc., are eligible to join as Associate Members to be known as *Gold Star Dads, Brothers and Sisters*. **As associate members, THEY PAY NO DUES**, hold no office, and have no vote, but may be appointed as a Deputy to the Representatives at the VA Medical Centers.

(Please print) (*This application can be used for the Mothers joining and also the Associate members*)

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check the box that describes the applicant's relationship to veteran

Natural MOTHER     Step MOTHER     Adoptive MOTHER     FATHER     BROTHER     SISTER

Name of Veteran \_\_\_\_\_ M / F (circle)

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_ Vet's birth date \_\_\_\_\_

Date of enlistment \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of death \_\_\_\_\_ Date of death \_\_\_\_\_

***Please include a copy of the Report of Casualty from the Govt. along with this application for members only. Associate members do not need to supply one, your Gold Star mother has one on file.***

If you have previously been a member of the American Gold Star Mothers, Inc., please supply the name of the Chapter: \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

Official Use Only\*

Type of Membership \_\_\_\_\_

Chapter \_\_\_\_\_

City \_\_\_\_\_

State of \_\_\_\_\_

Accepted as a member

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

National Service Officer \_\_\_\_\_

I am a citizen or legal resident of the United States of American and certify that the above statements are true. I hereby authorize the release the above information to the National Service Officer for the American Gold Star Mothers, Inc.

Please Sign \_\_\_\_\_

Date \_\_\_\_\_

For a mother's membership only,  
Please enclose a  
check for the \$20.00 Application fee  
(This fee guarantees your newsletter delivery)  
American Gold Star Mothers, Inc.,  
2128 Leroy Place, NW,  
Washington, DC. 20008-1893  
Phone: 202-265-0991

**Associate members** please supply your Gold Star mother's name:  
\_\_\_\_\_

**Associate Members are not required to pay the application fee or yearly dues;** however if you would like to receive our newsletter, we ask for a yearly fee of \$20 to defray the cost of publication.

Please check the box if you would like to receive our newsletter as an associate member, and enclose a check.

Office use only  
Name \_\_\_\_\_