

**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:

Phone:

Cell phone:

Current address:

City:

State:

ZIP Code:

Country:

Email address:

APPLICANTS RELATIONSHIP

Natural Mother Step Mother Adoptive Mother Father Step Father Brother Sister Grandparent

Name of Veteran:

Vet's DOB:

Branch of Service:

Date of Enlistment:

Rank:

Place of Death:

Date of Death:

REQUIRED TO ESTABLISH MEMBERSHIP ELIGIBILITY:

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

PREVIOUS ENROLLMENT

If you have previously been a member of the 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 \$30.00.

PAYMENT INFORMATION Choose one:

Check or money order in U.S. funds drawn on a U.S. bank, or credit card payment, must be included. Dues and fees are payable in advance and are not refundable or transferable.

Check: No. _____ Amount \$ _____

Credit Card: Card No. _____ Exp. Date _____

Signature / Name on Card _____

Printed/Name on Card _____

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:

For a mother's membership only, Please enclose a check for the Application fee of \$30.00.

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

