

**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: _____

APPLICANTS RELATIONSHIP

Natural Mother Stepmother Adoptive Mother Father Stepfather 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 \$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 _____

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: _____

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.

Please check the box if you would like to receive our newsletter. **Complete payment information above.**

**SEND APPLICATION TO: AGSM, INC. 2128 LEROY PLACE NW, WASHINGTON, DC 20008 or
Email with supporting documentation to: nso@goldstarmoms.com**

OFFICIAL USE ONLY

TYPE OF MEMBERSHIP: _____ DATE: _____

CHAPTER: _____ DEPT: _____

SIGNED: _____ 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 _____