

AMERICAN GOLD STAR MOTHERS, INC.

## ASSOCIATE APPLICATION

## APPLICANT INFORMATION

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

rporated January 5, 1929, Washington D.C.

(Organized June 4, 1928, Wash	0 /				incorporated January 5, 1929, Washin	-		
					hters served and died whi			
•					i service, or were missing i s an associate member.	n action.		
Name:		igs, and 0010						
		Email:			Phone:			
Date of birth:		Email:			Phone:			
Current address:		_						
City:		State:			ZIP Code:			
Are you a Veteran?If "yes," Branch of Service:Years Ser			Years Served:					
			ther." Associate members would you like to receive y		ay receive the publication for a	in annual fee of		
			APPLICANT'S RELAT					
	Father	Brothe	er Sister	Grandparent				
Name of Hero:					Hero's DOB:			
Branch of Service:		Date of Enlistment:			Rank:			
Place of Death:				Date of Death:				
		REOUIRE	D TO ESTABLISH MEME	BERSHIP ELIGIBILIT	Ύ:			
		atus, documer	ntation needed for conside	ration of membersh	ip must include ONE of the fo			
					er release from active-duty st			
Death Certificate.	e-connecteu u		e Department of veterans	Andris OK a service	e-connected death as stated o			
			PREVIOUS MEMBE	RSHIP				
If you have pre	viously been	n an associate	e member of American G	Gold Star Mothers	, Inc., please provide the na	ame		
of the: Chapter:			Depart	tment/State	Year	<u> </u>		
			PAYMENT INFORM					
			bscribing to "The Gold Sta					
			nent on <u>www.goldstarm</u>					
Check: No. Amount \$   Date Paid: PayPal Conf.#:   Credit Card: Card No. Exp. Date				CVV				
					رد <u></u> ر			
	[•••••••••••••••••••••••••••••••••••••							
			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. <i>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.</i> A review								
			-		It in rescinding membership.	-		
	-			tion and may resu				
Signature of Applicant'	·:				Date:			
,			•		lidity and meaning as a har	ndwritten		
signature and is the lea	gally binding	gequivalent to	o a handwritten signatu	re.				
			AGSM, INC. 2128 LEROY PL					
			ng documentation to: <u>NSC</u>					
	OFFICIAL	USE ONLY						
CHAPTER:			DEPT:					
NSO SIGNATURE:			DATE:					

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## Media Release Consent Form

$\Delta$ Photographs	$\Delta$ Audio Recordings	$\Delta$ Video Recordings	Δ Other
Description:			
Applicant's Name:			
recorded productions, and or	n the Internet this material for t	1.	bute and publish in print, video, audio erican Gold Star Mothers, Inc. programs ument, I understand that:

• The material will be used only for nonprofit/educational purposes.

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

- 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.