

AMERICAN GOLD STAR MOTHERS, INC.

ASSOCIATE APPLICATION

APPLICANT INFORMATION

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

Incorporated January 5, 1929, Washington D.C.

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American Gold Star M		-		-			
Active Duty, while in t Gold Star Fathers, Gol						-	
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 \$35.00. If you are subscri		e Gold Star Mother."	Associate members		ay receive the publica	tion for an annual fee of	
,,			PLICANT'S RELAT				
	Father	Brother	Sister	Grandparent			
Name of Hero:	-				Hero's DOB:		
Branch of Service:		Date of Enlistment	 t:		Rank:		
Place of Death:				Date of Death:	1		
		REQUIRED TO	ESTABLISH MEME	BERSHIP ELIGIBILI	Υ:		
If the death occurred on A DD1300 (Report of Casua decision letter of "service Death Certificate.	lty) OR DD20	64 (Certificate of Dea	th Overseas). If the	e death occurred aft	er release from active	e-duty status, a rating	
		P	REVIOUS MEMBE	RSHIP			
If you have pre	viously beer	an associate mem	ber of American C	old Star Mothers	, Inc., please provid	e the name	
of the: Chapter:			_ Depart	tment/State	Year		
			PAYMENT INFORM				
		(If you are subscribin					
Check, money order, credit card or Pay Pal payment on www.goldstarmoms.com of \$35.00 must be included. Check: NoAmount \$Date Paid:PayPal Conf.#: PayPal Conf.#:							
Credit Card: Card No				Exp. Date CVV		CVV	
Name on Card (please	print):						
			SIGNATURES	6			
I am a citizen or legal res	ident of the	United States of Ame			s are true. I hereby a	uthorize the release	
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</i>							
applicant. Altered docur	mentation or	providing false infor	rmation will result	in automatic denic	l or revocation of me	embership. 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 docun	nent electro	nically, Applicant ac	knowledges that	it has the same va	lidity and meaning	as a handwritten	
signature and is the leg			-		, 3		
		ICATION TO: AGSM, I with supporting docu					
	OFFICIAL	USE ONLY					
CHAPTER:		DE	EPT:				
NSO SIGNATURE:							

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Media Release Consent Form

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

Δ Photographs	Δ Audio Recordings	Δ Video Recordings	Δ Other
Description:			
Applicant's Name:			
recorded productions, and o	n the Internet this material for t	* •	bute and publish in print, video, audio erican Gold Star Mothers, Inc. programs ument, I understand that:
• The material will be us	ed only for nonprofit/education	nal purposes.	
• The above-named indi seeking my permission		ease the materials to any other	nonprofit or commercial entity without
• Any proceeds from the	e sale of published or printed n	natter 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	<u> </u>
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.