



Membership Registration Form

The Sacramento chapter of Sisters in Crime

Please print

Check all that apply

NAME _____

_____ PUBLISHED AUTHOR

STREET ADDRESS _____

_____ MYSTERY READER

CITY, STATE, ZIP _____

_____ NEW MEMBER

PHONE

Home _____ Cell _____

_____ RENEWING MEMBER

EMAIL _____

2015 Chapter Dues — \$20

Make checks payable to: Capitol Crimes

Send check and membership form to:

Penny Manson (PO Box 556, Carmichael, CA 95609)

Received: Cash _____ Check # _____ Amount \$ _____

Received by: _____ Date Received _____

Dues for year ending _____