



The Sacramento Chapter of Sisters in Crime

MEMBERSHIP REGISTRATION FORM
PLEASE PRINT LEGIBLY

Name: _____

Street Address: _____

City: _____	State: _____	Zip: _____
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Phone: _____	Email: _____
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Check all that apply:
Published Author _____ Mystery Reader _____
New Member _____ Renewing Member _____

Chapter Dues - \$25

Make checks payable to: **Capitol Crimes**

Send check and membership form to:

Penny Manson

PO Box 556

Carmichael, CA 95609

Membership Secretary Only

Received: Cash _____ Check# _____ Amount _____

Received By: _____ Date _____

Dues for year ending: _____