



Capitol Crimes

Sacramento Chapter
Sisters in Crime

MEMBER REGISTRATION FORM

Please print

NAME _____

ADDRESS _____

PHONE: home _____ work _____

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PUBLISHED AUTHOR _____ PREPUBLISHED _____ MYSTERY READER _____

NEW MEMBER _____ RENEWING MEMBER _____

Chapter Dues \$15

Make checks out to: Capitol Crimes SinC

Send check and membership form to: Jaci Muzamel 5550 Montclair Dr, Rocklin, CA
95677

Received: Cash _____ Check # _____ \$ _____

Received by: _____ Date Received _____

Dues, Capitol Crimes SinC, for year ending _____.