

NORTHEAST FLORIDA SISTERS IN CRIME

P.O. Box 24141
Jacksonville, FL 32241-4141

MEMBERSHIP APPLICATION

Be sure to Complete this Form and mail to Above Address or you may turn the form in at the next meeting or email completed form to: floridasistersincrime@gmail.com

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

EMAIL _____

Are You a Member of National?

YES

NO

Are You Published:

YES

NO

*Other
Published

***Other Published** includes: Nonfiction, textbooks, technical papers, magazines, etc.

Name You Write Under: _____

Latest Book Title & Genre: _____

Web or Blog Site: _____

Your email will **NOT** be shared with anyone outside of our Chapter. In order to be a Chapter member, you must also be a National member. For additional information on the National Sisters in Crime organization go to www.sistersincrime.org

DATE: _____

Treasurer's Notes: _____