

**SISTERS IN CRIME
ALBUQUERQUE NM ("CROAK & DAGGER") CHAPTER,
P.O. Box 16597
ALBUQUERQUE, NM 87191-6597**

MEMBERSHIP APPLICATION

DATE: _____

NAME: MR./MRS./MS/DR. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (B) _____ (C) _____

E-MAIL #1: _____ E-MAIL #2 _____

WEB PAGE URL: _____

PEN NAME(S): _____

MEMBER OF SISTERS IN CRIME (NATIONAL)? YES ___ NO ___

INTERESTS (CHECK ALL THAT APPLY): PUBLISHED MYSTERY AUTHOR ___ READER ___
OTHER PUBLISHED AUTHOR ___ BOOKSELLER ___ LIBRARIAN ___ EDITOR ___
AGENT/PUBLICIST ___ OTHER _____

[N.B.: WE MAKE NO DISTINCTION AMONGST MEMBERS ON THE BASIS OF INTERESTS.]

I do NOT want the following information listed on the *public* side of our website:

Name ___ Address ___ Phone ___ E-mail #1 ___ E-mail #2 ___ Pen Name(s) ___ URL ___

I do NOT want the following information listed on the *private* (members only) side of our website:

Name ___ Address ___ Phone ___ E-mail #1 ___ E-mail #2 ___ Pen Name(s) ___ URL ___

Please submit this completed form, together with US\$20.00 first year's dues payable to "Sisters in Crime - ABQ NM Chapter" to the address in the letterhead.

***** Please do not write below this line *****

Membership Date: _____ **Member #** _____ **By:** _____