

SISTERS IN CRIME
NY/Tri- State Chapter
New Member Form

Please print or type legibly. You may use a mailing label.

Name _____

Pseudonym(s) _____

Street Address _____

City _____ State _____ Zip _____

Main Phone _____ Eve./Mobile _____

E-mail _____ Today's Date: ____/____/____

I am a (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Writer | <input type="checkbox"/> Publishing Professional |
| <input type="checkbox"/> Published Crime Writer | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Unpublished Crime Writer | <input type="checkbox"/> Editor |
| <input type="checkbox"/> Screenwriter/Playwright | <input type="checkbox"/> Publicist |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Reader/Fan |

Other (describe) _____

With this form, please include a check for **\$35.00 **** made payable to **NYSinC** and sent in care of: **Peggy Ehrhart, 168 Park Avenue, Leonia, NJ 07605**

****If you're joining in July or later, please pro-rate your dues for the year to \$17.50**

Please remember also to join the National Chapter. Those directions can be found at www.sistersincrime.org For any other questions, contact our Treasurer at wilson136@aol.com or President Clare Toohey clare2e@womenofmystery.net

WELCOME!