

FLORIDA SISTERS IN CRIME  
MEMBERSHIP APPLICATION

P. O. Box 24141  
Jacksonville, Fl. 32241  
www.FloridaSistersinCrime.com

Fill out the form and submit with \$15 cash  
or check payable to **Florida Sisters In Crime**.

Mail to the above address.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Your Email will NOT be shared with anyone outside of our chapter.  
In order to be a chapter member, you should be a National Member.  
For additional information on the National Sisters In Crime organization,  
<http://www.sistersincrime.org>.

Date \_\_\_\_\_

Payment \_\_\_\_\_