

**MEMBERSHIP FORM**  
**DELAWARE VALLEY CHAPTER OF SISTERS IN CRIME**

To join DVSiNC, please bring this completed form, along with your yearly dues payment of twenty dollars (\$20), to one of our regular meetings, or mail the completed form, along with your payment, to

Delaware Valley Chapter of Sisters in Crime  
P.O. Box 333  
Wayne, PA 19087-0333

(If you are paying by check, please make your check payable to Delaware Valley Chapter of Sisters in Crime.)

**NAME** (please print): \_\_\_\_\_

**STREET ADDRESS**: \_\_\_\_\_

**CITY**: \_\_\_\_\_

**STATE**: \_\_\_\_\_ **ZIP CODE**: \_\_\_\_\_

**PHONE** (optional): \_\_\_\_\_

**EMAIL ADDRESS**: \_\_\_\_\_

**NEW MEMBERSHIP**: \_\_\_\_\_ **RENEWAL**: \_\_\_\_\_

**HOW YOU HEARD ABOUT US**: \_\_\_\_\_

**YOUR FAVORITE KIND OF CRIME FICTION**: \_\_\_\_\_

**SPECIAL INTERESTS OR EXPERTISE**: \_\_\_\_\_

**AUTHOR, READER, OR BOTH**: \_\_\_\_\_