

SACRAMENTO BOOK COLLECTORS CLUB

Membership Application

Name (s): _____

Mailing Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Profession: _____

Collection Interest(s) _____

Signature _____

Due: Individual \$25.00 _____ Family \$35.00 _____

Mailing Address: Sacramento Book Collectors Club
P.O. Box 160044
Sacramento, CA 95816

Note: Membership information may be shared with other members and FABS. If you wish to NOT have your information published in the membership roster, please check here().