



## MDCHM MEMBERSHIP FORM 2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: [H] \_\_\_\_\_ [W] \_\_\_\_\_ [C] \_\_\_\_\_

### 5 Year Membership

Please check if [ ] renewal or [ ] new  
Good through 12/31/2024

Membership fee for any category: \$100. Please [x] one.

Individual: \_\_\_\_\_

Family (includes children up to age 17). Please list spouse and children's names/ages:  
Spouse/partner: \_\_\_\_\_  
Children: \_\_\_\_\_

Corporation. Please provide name and contact information of at least one officer:  
Officer/title: \_\_\_\_\_  
Contact info: \_\_\_\_\_

Make check payable to **MDCHM** and mail completed form and check to:  
MDCHM ▲ c/o Susan Chow ▲ 1700 Deering Street ▲ Cleveland, MS 38732

**THANK YOU and Welcome to the Mississippi Delta Chinese Heritage Museum**