



MDCHM MEMBERSHIP FORM 2025

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Phone: [H] _____ [W] _____ [C] _____

5 Year Membership

Please mark: [] RENEWAL or [] NEW

Good through 12/31/2029

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 for your membership!

Visit the Mississippi Delta Chinese Heritage Museum in Cleveland, MS or

Visit the MDCHM website at <https://chineseheritagemuseum.org/>.