



## MDCHM MEMBERSHIP FORM 2026

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

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

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

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

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

### 5 Year Membership

Please mark: [ ] RENEWAL or [ ] NEW

Good through 12/31/2030

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/>.