

Professional & Young Friends Membership Application

YES, I wish to support the American Friends of the Shanghai Museum.

Please enroll me in the PROFESSIONAL & YOUNG MEMBERS Program.

My current position is:

Check for \$250 is enclosed.

(Make checks payable to American Friends of the Shanghai Museum)

I am making an additional contribution of \$

to the American Friends of the Shanghai Museum.

NAME

ADDRESS

CITY, STATE, ZIP CODE AND COUNTRY OF RESIDENCE

PHONE

EMAIL ADDRESS

Please print and return this form to:

American Friends of the Shanghai Museum

1115 Fifth Avenue, New York, NY 10128

phone: 973-509-9509

EIN# 13-3813924