



**Super Sellers Membership Campaign  
REGISTRATION FORM**

<b>Name (Please Print):</b>	
<b>Home Address:</b>	
<b>City/State:</b>	<b>Home Phone:</b>
<b>Zip Code:</b>	<b>Office Phone:</b>
<b>Email Address:</b>	<b>Cell Phone:</b>
<b>I was recruited for the Super Sellers Campaign by:</b>	

**I am making a personal commitment to secure (please check one)**

- ... 25 memberships
- ... 50 memberships
- ... 75 memberships
- ... 100 memberships
- ... \_\_\_ memberships (indicate number)

**I will also help by (please check all that apply)**

- ... Purchasing a membership for myself or my family.
- ... Recruiting other Super Sellers.
- ... Getting other organizations/businesses involved.
- ... Publicizing the membership drive at my church or office.
- ... Making a gift to the Museum: Amount \$\_\_\_
- ... Please contact me with more information.

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**Please return your completed registration form to:**

Charles H. Wright Museum of African American History  
315 E. Warren Avenue  
Detroit, Michigan 48201  
Attention: Super Sellers Program

Fax: (313) 494-5855  
Website: [www.maah-detroit.org](http://www.maah-detroit.org)