

**IKEBANA INTERNATIONAL - HONOLULU CHAPTER 56
2010 – 2011 Membership Application**

New Member _____ Renewal _____ Dr. _____ Mrs. _____ Ms. _____ Miss _____ Mr. _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Birth Month & Day: _____

Please list your ikebana school(s) and corresponding flower name(s). If more than one, list present school last. If you are a teacher and would like to be included in the list of ACTIVE TEACHERS, please mark an **X** next to your school name.

SCHOOL	CURRENT SENSEI (if applicable)	FLOWER NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

TEACHERS: When inquiries are made, would it be permissible to provide your name, address, and phone number(s) to prospective students?

YES _____ NO _____

HELP: Please indicate where you can lend assistance:

- | | |
|-----------------------------------|-------------------------------|
| _____ Community Service Committee | _____ Program Committee |
| _____ Hospitality Committee | _____ Exhibiting arrangements |
| _____ Telephone/Email Committee | _____ Assisting where needed |

PERMISSION: Photos are taken at various I.I. events and reproduced in sanctioned publications or at our official website. Please indicate your preference by checking the appropriate box and sign below:

- I authorize photo reproductions. I DO NOT authorize photo reproductions.

Signature _____

ANNUAL MEMBERSHIP FEES: \$70.00 for payments made between May 1 — July 15
 \$75.00 for payments made after July 15
 [\$70.00 for New Members, regardless of payment date]
 (Disbursements: \$60 to I.I. Headquarters with remainder to Chapter 56 treasury)

Make checks payable to: *Ikebana International - Honolulu Chapter 56*
Mail to: Beryl Ono Stapleton 2944 Laola Place Honolulu, HI 96813
 Your cancelled check is your receipt. Thank you for your support!

FOR MEMBERSHIP COMMITTEE USE ONLY

Received by _____ Date: _____ Amount \$ _____

Method of Payment: Cash _____ Check No. _____ Date of Check _____