

Ikebana International, Chapter 56

2011 – 2012 Membership Application

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

Last Name: _____ First Name: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Mo. Day

E-Mail: _____ Birth Month and Day ____/____

SCHOOL: As applicable, 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. We will notify the Master Flower Advisor of your school.

SCHOOL	CURRENT SENSEI (if applicable)	FLOWER NAME (and English translation if known)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 taken at various I.I. event are reproduced in sanctioned publications or at our website, www.ikebanaha-waii.org . 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: \$75.00 for payments made between May 1 – July 15

\$80.00 for payments made after July 15

[\$75.00 for new members, regardless of payment date]

PAYMENT 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: _____