

# Ikebana International, Honolulu Chapter 56

## 2025-2026 Membership Application

SELECT MEMBERSHIP LEVEL, COMPLETE FORM AND SIGN BELOW\*

- ☐ **Renewing Member (Indicate any changes below) \$85.00**  
(Renewing members fill in changes inside the box. Please fill in the rest  
or your previous response will be kept.)
- ☐ New Member \$85.00
- ☐ Local Only Member (Only New Members for one year Only) \$40.00
- ☐ Associate Member (Out of State member of I.I. Chapter \_\_\_\_\_) \$25.00  
(will receive Chapter newsletter & can participate in Chapter activities)

**PLEASE PRINT**

Dr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Miss \_\_\_\_ Mr. \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birth Month/Day \_\_\_\_/\_\_\_\_

Ikebana School(s) \_\_\_\_\_ Flower Name(s) \_\_\_\_\_

Name of your Sensei (if applicable) \_\_\_\_\_

**NEW TEACHERS:** Do you wish to be listed as an Actively Teaching Teacher in our 2023-2024 Directory?

Please indicate by circling: YES NO Are you accepting new students? YES NO

Note: You must be sanctioned/authorized by your Ikebana school and receive verification by a Master Flower Advisor of your school.

**HELP:** We depend on our volunteers. Please indicate where you can assist:

\_\_\_\_ Community Service Committee

\_\_\_\_ Program Committee

\_\_\_\_ Exhibiting arrangements

\_\_\_\_ Telephone/Email Committee

\_\_\_\_ Outreach (teach/assist in schools)

\_\_\_\_ Hospitality Committee

\_\_\_\_ Assisting where needed

\_\_\_\_ Unable to help at this time

**PERMISSION:** Photos taken at various I.I. events are reproduced in sanctioned publications or on our website, www.ikebana-hawaii.org. Please indicate your preference by checking the appropriate box and sign below:

☐

I authorize photo reproductions.

☐

I DO NOT authorize photo reproductions.

**\*PRINT NAME:** \_\_\_\_\_

**\*SIGNATURE:** \_\_\_\_\_

**ANNUAL MEMBERSHIP FEES:** \$85.00 (Renewing/New) Local (\$40) Associate/Out of State (\$25)

**DUE BY:** June 1, 2025

Checks Payable & Mail to:

**Ikebana International – Honolulu Chapter 56**

**Attn: Carol Murakami, Membership**

**47-533 Pulama Road**

**Kaneohe, HI 96744**

*Your cancelled check is your receipt. Thank you for your support.*

**FOR MEMBERSHIP COMMITTEE USE ONLY**