

Ikebana International, Honolulu Chapter 56
2017-2018 Membership Application
(PLEASE PRINT)

FOR NEW MEMBERS ONLY

Dr. ____ Miss ____ Ms. ____ Mrs. ____ Mr. ____

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____

City/State/Zip: _____

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

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

SCHOOL: As applicable, please list your ikebana school(s) and corresponding flower name(s). If more than one, list present school last.

SCHOOL	CURRENT SENSEI (if applicable)	FLOWER NAME

TEACHERS: Those wishing to be listed on the Actively Teaching Teacher's List in our Directory **must be sanctioned/authorized** by their respective schools. If you are so authorized, and wish to be listed as an Active Teacher, please mark an X next to your school name. We will notify the Master Flower Advisor of your school for verification.

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:

- | | |
|--|--|
| <input type="checkbox"/> Community Service Committee
<input type="checkbox"/> Program Committee
<input type="checkbox"/> Exhibiting arrangements
<input type="checkbox"/> Telephone/Email Committee | <input type="checkbox"/> Outreach (teach/assist in schools)
<input type="checkbox"/> Hospitality Committee
<input type="checkbox"/> Assisting where needed |
|--|--|

PERMISSION: Photos taken at various I.I. events are reproduced in sanctioned publications or at 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.

Signature: _____

ANNUAL MEMBERSHIP FEES: \$85.00

DUE BY: June 1, 2017

Make checks payable to: ***Ikebana International – Honolulu Chapter 56***

Mail to: **Ikebana International – Honolulu Chapter 56**
Attn: Pat Kubo, Membership
P. O. Box 61306
Honolulu, HI 96839-1306

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

FOR MEMBERSHIP COMMITTEE USE ONLY

Received by: _____ Date: _____ Amount: \$ _____