

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

Out-of-state residents who are members of another I. I. Chapter may apply for Associate Membership in Chapter 56 and receive the following benefits:

1. will receive the chapter newsletter for the current membership year;
2. are welcome to participate in all Chapter 56 events

Please complete the following.

❖ I am a member of I. I. Chapter # \_\_\_\_\_, which is located in \_\_\_\_\_.  
(city, state and/or country)

Dr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Miss. \_\_\_\_\_ 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
_____	_____	_____
_____	_____	_____

**PERMISSION:** Photos taken at various I.I. events are reproduced in sanctioned publications or at our website, [www.ikebana-hawaii.org](http://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:** \_\_\_\_\_

**ASSOCIATE MEMBERSHIP FEES: \$25.00**

**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: \$ \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Date of Check: \_\_\_\_\_