

Ikebana International, Honolulu Chapter 56
2017-2018 Membership Application

SHORT FORM – FOR RENEWAL ONLY

PLEASE CHECK ONE BOX, COMPLETE THE REMAINING ITEMS AND **SIGN BELOW***

Keep the same information as in the previous (2016-2017) Directory

OR

Make changes to the 2016-2017 Directory information inside the box below

PLEASE PRINT

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City/State/Zip: _____

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

E-Mail: _____

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 2017 – 2018 Directory?
Please indicate by circling: YES NO

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

HELP: 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

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
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: _____