**Ikebana International, Chapter 56**

**2018-19 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 . 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: May 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_