# Ikebana International, Chapter 56

**2019-2020 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Month and 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 space and sign below:

\_\_\_\_\_\_I authorize photo reproductions. \_\_\_\_\_I DO NOT authorize photo reproductions

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSOCIATE MEMBERSHIP FEES: $25.00**

**DUE BY: June 1, 2019**

**Make check payable to Ikebana International – Honolulu Chapter 56**

Mail to: **Ikebana International – Honolulu Chapter 56**

**Attn: Carol Murakami**

**P.O. Box 61306**

**Honolulu, HI 96839-1306**