**Ikebana International, Honolulu Chapter 56**

**2019-2020 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 (2018-2019) Directory

***OR***

Make *changes* to the 2018-2019 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 2019-2020 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 \_\_\_\_ Outreach (teach/assist in schools)

\_\_\_\_ Program Committee \_\_\_\_ Hospitality Committee

\_\_\_\_ Exhibiting arrangements \_\_\_\_ Assisting where needed

\_\_\_\_ Telephone/Email Committee

**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, 2019**

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

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

 **Attn: Carol Murakami, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_