

Ikebana International, Chapter 56

2020-2021 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.

<u>School</u>	Current Sensei (if applicable)	Flower name
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_____ I authorize photo reproductions. _____ I DO NOT authorize photo reproductions

Signature: _____

ASSOCIATE MEMBERSHIP FEES:	\$25.00
DUE BY:	June 1, 2020
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