

**Ikebana International, Honolulu Chapter 56**  
**2020-2021 Membership Application**  
**(PLEASE PRINT)**

**FOR NEW MEMBERS ONLY**

Dr. \_\_\_\_ Miss \_\_\_\_ Ms. \_\_\_\_ Mrs. \_\_\_\_ 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
_____	_____	_____
_____	_____	_____

**TEACHERS:** Those wishing to be listed on the Actively Teaching Teacher's List in our Directory **must be sanctioned/authorized** by their respective schools. If you are so authorized, and wish to be listed as an Active Teacher, please mark an X next to your school name. We will notify the Master Flower Advisor of your school for verification.

When inquiries are made, would it be permissible to provide your name, address and phone number(s) to prospective students?

YES \_\_\_\_ NO \_\_\_\_

**HELP:** Please indicate where you can lend assistance:

- |                                  |   |
|----------------------------------|---|
| ____ 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 at our website, [www.ikebana-hawaii.org](http://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:** \_\_\_\_\_

**ANNUAL MEMBERSHIP FEES: \$85.00**

**DUE BY: June 1, 2020**

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: \_\_\_\_\_