

## Ikebana International, Honolulu Chapter 56 2023-2024 Membership Application

### SELECT MEMBERSHIP LEVEL, COMPLETE FORM AND SIGN BELOW\*

- |                          |   |         |
|--------------------------|---|---------|
| <input type="checkbox"/> | Renewing Member (Indicate any changes below)  | \$85.00 |
| <input type="checkbox"/> | New Member  | \$85.00 |
| <input type="checkbox"/> | Local Only Member (ONE year Only)   | \$45.00 |
| <input type="checkbox"/> | Associate Member (Out of State member of I.I. Chapter _____)<br>(will receive Chapter newsletter & can participate in Chapter activities) | \$25.00 |

**PLEASE PRINT** Dr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Mr. \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birth Month/Day \_\_\_\_/\_\_\_\_

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 2023-2024 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:** We depend on our volunteers. Please indicate where you can assist:

- |  |   |
|--|---|
| <input type="checkbox"/> Community Service Committee | <input type="checkbox"/> Outreach (teach/assist in schools) |
| <input type="checkbox"/> Program Committee           | <input type="checkbox"/> Hospitality Committee              |
| <input type="checkbox"/> Exhibiting arrangements     | <input type="checkbox"/> Assisting where needed             |

**PERMISSION:** Photos taken at various I.I. events are reproduced in sanctioned publications or on our website, [www.ikebana-hawaii.org](http://www.ikebana-hawaii.org). Please indicate your preference by checking the appropriate box and sign below:

- |   |  |
|---|--|
| <input type="checkbox"/> I authorize photo reproductions. | <input type="checkbox"/> I DO NOT authorize photo reproductions. |
|---|--|

**\*PRINT NAME:** \_\_\_\_\_ **\*SIGNATURE:** \_\_\_\_\_

**ANNUAL MEMBERSHIP FEES:** \$85.00 (Renewing/New) Local (\$45) Associate/Out of State (\$25)  
(Membership Year: June 1, 2023 - May 31, 2024)

**DUE BY:** June 1, 2023

Checks Payable & Mail to: **Ikebana International – Honolulu #56**  
**Attn: Arlene Horiuchi, Membership**  
**P.O. Box 61306**  
**Honolulu, HI 96839-1306**

*Your cancelled check is your receipt. Thank you for your support.*

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#### FOR MEMBERSHIP COMMITTEE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Date of Check: \_\_\_\_\_