

**Ikebana International, Honolulu Chapter 56  
2024-2025 Membership Application**

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

- Renewing Member (Indicate any changes below) \$85.00
- New Member \$85.00
- Local Only Member (ONE year Only) \$40.00
- Associate Member (Out of State member of I.I. Chapter \_\_\_\_\_) \$25.00  
(will receive Chapter newsletter & can participate in Chapter activities)

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

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

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

Phone Contact: \_\_\_\_\_

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             |
| <input type="checkbox"/> Telephone/Email Committee   |   |

**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:

I authorize photo reproductions.

I DO NOT authorize photo reproductions.

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

**ANNUAL MEMBERSHIP FEES: \$85.00 (Renewing/New) Local (\$40) Associate/Out of State (\$25)**

**DUE BY: June 1, 2024**

Checks Payable & Mail to:

**Ikebana International – Honolulu Chapter 56**

**Attn: Arlene Horiuchi, 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: \_\_\_\_\_