



MEMBERSHIP APPLICATION
CHAPTER 65
ST PETERSBURG FLORIDA
www.ikebanastpetersburg.com

Please print this form and fill it out. Then mail it with your dues check to the address below.

Name: \_\_\_\_\_

- I am a new member
I am a returning member with no changes to my information
I am a returning member with the following changes entered below.
Int'l Membership Number \_\_\_\_\_

Address \_\_\_\_\_ Birthday Month/Day \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Address

Address \_\_\_\_\_ From \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ To \_\_\_\_\_

Membership Type:

- Regular Membership \$80
Couple's Membership \$120
Associate Membership \$20
Transfer Membership \$20

Spouse included in Couple's Membership:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

School

- IKENOBO OHARA
SOGETSU SENKE
ICHIYO Undecided
BANMI SHOFU Other \_\_\_\_\_

Mail Dues by Check to:
I.I. Chapter #65
P.O. Box 424
Pinellas Park, FL 33781