

Membership Application Chapter 65 St.Petersburg, FL www.ikebanastpetersburg.com

Please print this form and complete it. Then mail completed copy along with your check as indicated below.

Name			Today's Date	
O I am a new member entering all information below O I am a returning member and have no changes to my information from the prior year O I am a returning member and have only updated changes below				
Ikebana International Membership Number				
Preferred Address for receipt of Tokyo Magazines:				
Address				
City	;	State	e Zip	
Email		Birth	day Month & Day	
Telephone	c	Cell _		
Alternate Address if partial year resident				
Address		_ From Month To Month		
City		State Zip		
Membership Type:		If Co	uple's Membership:	
O Regular Membership (\$80)		Spe	ouse Name	
O Couples Membership (\$120)		Spouse Email		
O Associate Membership	ρ (\$25)	Spe	ouse Birth Month & Day	
O Transfer Membership (\$20)		Spe	ouse Phone Number	
ı		If As	sociate or Transfer:	
School:		Hom	e Chapter #City	
O Banmi Shofu	O Ohara		Dues are payable by Check to:	
O. Ichiyo	O Sogetsu		Ikebana international Chapter 65 Send To:	
O Ikenobo	O Undecided		Ming Zhu 5140 Pinnacle Drive	
O Other:			Oldsmar FL 34677	