



MEMBERSHIP APPLICATION

LAST NAME _____ MRS. MS. MR. ()

FIRST NAME _____

SPOUSE'S NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ (Include the extra 4 digits in ZIP)

TEL. NO.: Home () _____ Work () _____

FAX: _____

E-MAIL: _____

IKEBANA SCHOOL _____ RANK _____

Have you ever been a member of Ikebana International? _____

If the answer is yes, please give us your I.I. membership number and the name of your former Chapter:

Membership Code. No. _____ Chapter _____

Name of I.I. Member who encouraged you to join I.I. _____

Your \$60 check should be payable to **Ikebana International Philadelphia Chapter #71**

DOWNLOAD AND MAIL TO: Sally Williams
207 Wiltshire Drive
Kennett Square, PA 19348