



IKEBANA
INTERNATIONAL

Ikebana International

Misaki Bldg. 5F, 3-28-9 Kanda Ogawamachi
Chiyoda-ku, Tokyo 101-0052, Japan
tel +81-3-3293-8188, fax +81-3-3294-2272
email: ikebana@ikebanahq.org
http://ikebanahq.org

MEMBERSHIP REGISTRATION FORM

Chapter #

Business Year:

Please follow the instructions below to complete form attached.

CODE

Insert following code letter in the Membership Registration List

- | | | |
|------------------------|----|-----------------------------|
| 1. New Member | N | Fill in name, address, etc. |
| 2. Renewal Member | R | |
| 3. Rejoining Member | RJ | |
| 4. Honorary Member | H | |
| 5. Former Life Members | L | |
| 6. Deceased | D | |
| 7. Withdrawal | W | |

DUES

Please pay dues to the Headquarters by **July 1st** with this form and attachment.

	Numbers		Total Amount of Dues
Paid Members (without Honorary):	_____	x 6,000 yen =	_____
Honorary Members (paid by Chapter):	_____	x 6,000 yen =	_____
Former Life Members:	_____	Total Dues =	_____
Total Members:	_____		

PERSON WHO FILLS THIS FORM

Name in print: _____

Signature: _____

Title: _____

Date: _____

(Headquarters use only)

Date Received:

Master Input:



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MEMBERSHIP REGISTRATION LIST FORM

Please fill out the Form at alphabetical order (Last Name)

Chapter Name

#

Business Year:

International Dues Paid by Chapter to HQ

Membership No.		Last name, First name	Address	Contact
1	No.			Tel:
	Code Letter			Fax:
				E-mail:
	Birth: day month			Transfer from:
2	No.			Tel:
	Code Letter			Fax:
				E-mail:
	Birth: day month			Transfer from:
3	No.			Tel:
	Code Letter			Fax:
				E-mail:
	Birth: day month			Transfer from:
4	No.			Tel:
	Code Letter			Fax:
				E-mail:
	Birth: day month			Transfer from:
5	No.			Tel:
	Code Letter			Fax:
				E-mail:
	Birth: day month			Transfer from:
6	No.			Tel:
	Code Letter			Fax:
				E-mail:
	Birth: day month			Transfer from:
7	No.			Tel:
	Code Letter			Fax:
				E-mail:
	Birth: day month			Transfer from:
8	No.			Tel:
	Code Letter			Fax:
				E-mail:
	Birth: day month			Transfer from:



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International Dues Paid Directly by Member to HQ

Chapter Name

Business Year

Membership No.		Last name, First name	Address	Contact
1	No.			Tel:
	Code Letter			Fax:
	Birth: day month			E-mail:
		Transfer from:	School:	
2	No.			Tel:
	Code Letter			Fax:
	Birth: day month			E-mail:
		Transfer from:	School:	
3	No.			Tel:
	Code Letter			Fax:
	Birth: day month			E-mail:
		Transfer from:	School:	
4	No.			Tel:
	Code Letter			Fax:
	Birth: day month			E-mail:
		Transfer from:	School:	
5	No.			Tel:
	Code Letter			Fax:
	Birth: day month			E-mail:
		Transfer from:	School:	
6	No.			Tel:
	Code Letter			Fax:
	Birth: day month			E-mail:
		Transfer from:	School:	
7	No.			Tel:
	Code Letter			Fax:
	Birth: day month			E-mail:
		Transfer from:	School:	
8	No.			Tel:
	Code Letter			Fax:
	Birth: day month			E-mail:
		Transfer from:	School:	