



Seattle Chapter No. 19 Application for Membership

Date _____

Mr.
Mrs.
Miss
Ms.

Last

First

Spouse's Name

Address: _____

Telephone – Home: _____ – Office: _____

E-mail: _____ Fax No.: _____

Date of Birth: Month _____ Day _____

Flower Arranging School (if applicable): _____

Period of Study: _____

Name of Teacher: _____

Degrees, Certificates: _____

Other Interests and Skills:

Committee Work Preference:

I attended the Chapter Meeting / Event held at _____
place

on _____ as a guest of _____
date

Sponsor _____ Sponsor _____

As an Applicant for Membership, I agree to these Chapter Objectives: to stimulate, cultivate and perpetuate the study of Ikebana, related arts and culture by demonstrations and public exhibitions, and to strengthen relationships among teachers and students of Ikebana; with a deeper purpose of establishing better relationships among all peoples through the adopted motto "Friendship Through Flowers."

I will share actively in the work and responsibilities of the Chapter.

Signature of Applicant : _____

Board Approval Date : _____

(011308)

