



MEMBERSHIP APPLICATION FORM
NEW MEMBERSHIP / RENEWAL/ASSOCIATE/CHANGES
IKEBANA INTERNATIONAL CHAPTER 115, SARASOTA

Please complete this form and send it together with your check for New/Renewal Membership (\$85), or Associate Membership (\$25), payable to I.I. Chapter # 115 and send to address listed below*).

Name (Last, First)

Spouse/Partner (Optional)

Address (Street, Apt #, City, State, Zip)

Telephone/Cell – Email address

Summer Address (if applicable) – please includes dates

Summer Telephone/Cell

Birthday (Month/Day)

Ikebana School(s)

I.I. Membership No.

Flower or Artist Name

Active Teaching Member (Teacher with Students) : Yes / No (Please circle one)

Operating Chapter and Number (for Associate Membership)

***)Please submit completed form and check to:**
Dorinda Wilkinson (Treasurer I.I. Chapter # 115)
P.O. Box 242 , Osprey, FL 34229