



# Member Registration Form

Please Print Clearly

New       Transfer from Chapter # \_\_\_\_\_

Date: \_\_\_\_\_

Name: Ms. / Mrs. / Mr. / Dr. \_\_\_\_\_  
(circle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone - Home: (\_\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth day: \_\_\_\_\_ / \_\_\_\_\_      Previous experience with Ikebana, if any (school, certificate level, etc.):  
Month      Day

Membership year runs July 1 to June 30

Chapter dues are **\$65** payable to **Ikebana International Chapter 85**

Please mail completed form and dues (check or money order) to  
I.I. 85 % L Paul ■ 4250 Bridgewood Ln ■ White Lake MI 48383-3152

or

Send **form via email** and **dues via PayPal** to [ikebanadetroit@gmail.com](mailto:ikebanadetroit@gmail.com)

### For Chapter Records Only

Received \_\_\_\_\_

Sent to HQ \_\_\_\_\_

Confirmation Received \_\_\_\_\_

Member No. \_\_\_\_\_