



**Ikebana International**

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**MEMBERSHIP APPLICATION FORM**

Business Year: \_\_\_\_\_

Last name

First name

Address

Telephone

Fax

Email

Ikebana school name

Birthday:

date

month

New member

Renewal

Rejoining

Date

Signature

(Headquarters use only)

Date Received in Office:		Master Input:	
Date Approved by Int'l Board		Authorized by:	