



# Seattle Chapter No. 19 Application for Membership

Date \_\_\_\_\_

Mr.  
Mrs.  
Miss  
Ms.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Telephone – Home: \_\_\_\_\_ – Office: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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)

