

**IKEBANA INTERNATIONAL, SAN DIEGO, CHAPTER NUMBER 119
MEMBERSHIP FORM**

Date: _____

Membership Status (check one):

New Member

Renewal

Rejoining

Transfer from _____

Last Name: _____ **Middle Name:** _____ **First Name:** _____

Address:

City: _____ **State:** _____ **Zip:** _____

Email:

Phone Number(s):

Ikebana School (if applicable): _____

Birthday (Month) _____ **Day** _____

Dues: Dues are assessed on an annual basis (July through June) and are due on 1 June. Any person joining the chapter must pay dues for the entire period of 1 July 2019 through 30 June 2020; dues are \$60 and are not prorated. Contact the Membership Director, Cecilia Carrick (ceciliacarrick1@gmail.com) for additional information.

Additional Information: www.ikebanasandiego.org