



**Ikebana International
Asheville, North Carolina Chapter #74
Membership Application**

Please print clearly!

Name: _____

Spouse's Name (if applicable): _____

North Carolina Address: _____

City/State/Zip: _____

North Carolina Phone (Home) _____ (Cell) _____

E-mail address: _____

Birth date: Month _____ Day _____

Year Round Resident (Yes) (No) Approximate dates in N.C. _____

If not year round resident, please print alternate address:

Address: _____

City/State/Zip: _____

Phone: _____

Former I.I. Member: (Yes) (No)

If yes, Chapter Name & Number: _____

If current member, your II Number: _____

Prior Lessons: (No) (Yes) Certificate Level: _____

Which School: Ikenobo Ohara Sogetsu Ichiyo Other _____

Are you teaching Ikebana: (Yes) (No)

Please circle committees where you are willing to serve and talents that you can share:

Membership	Hospitality	Publicity	Arts	Calligraphy
Exhibitions	Financial	Fundraising	Sumi-e	Computer Skills
Newsletter	Website	Orientation	Origami	

Skills you have to offer the chapter: _____

Please enclose a check payable to Ikebana International Chapter #74 for annual dues in the amount of 6000 Yen (\$75) for full membership, or \$25 for Associate Membership if you are a member of another Ikebana International Chapter. Return to Membership Chair:

Roberta Smith, 130 Forest View Drive, Flat Rock, NC 28731-9509

VISIT OUR WEBSITE TO SEE SCHEDULED PROGRAMS

WWW.IKEBANAASHEVILLE.ORG