



IKEBANA
INTERNATIONAL

Ikebana International

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http://ikebanahq.org

APPLICATION FORM

(Individual)

Date: _____

PLEASE TYPE CLEARLY in English.

For Applicant		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Family Name	Given Name
		Flower Name (if any)
Address		
Phone Number		E-mail address
Fax Number		Birthday (Year, Month, Day)
Name of Ikebana school		Nationality
<input type="checkbox"/> New Member	<input type="checkbox"/> Transfer, Former Chapter Name	
Your experience with Ikebana		
<input type="checkbox"/> Studying now	<input type="checkbox"/> Planning to study in future	<input type="checkbox"/> Studied in the past

For Sponsor	
Sponsor should realize the responsibility of his/her recommendation and have good knowledge of applicant.	
Sponsor's Name	I.I. Membership No., or Name of Flower Association.

Please return this application form to I.I. Headquarters as mentioned below.

Ikebana International
MISAKI BLDG. 3-28-9 KANDA OGAWAMACHI, CHIYODA-KU, TOKYO 101-0052, Japan
Phone (03) 3293-8188, Fax (03) 3294-2272, e-mail: member@ikebanahq.org

NOTICE: On approval of your application by International Board of Directors, membership registration form with payment method for membership dues (JPY6,000) will be sent to you.