



**IKEBANA**  
INTERNATIONAL

***Ikebana International Milwaukee, Chapter 22***

Membership Form

Thank you for your membership. Please complete the form below and return it with your check for \$75/Full Member or \$20/Associate Member (must be a Full Ikebana International Member in another chapter) payable to:

Ikebana International Milwaukee Chapter 22  
c/o Sharon Banaszewski  
W327S825 Timberline Cir  
Delafield WI 53018-3350

If you have any questions please email [ikebanamilwaukee@gmail.com](mailto:ikebanamilwaukee@gmail.com).

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

If registering as an Associate Member: Primary Chapter Name/# \_\_\_\_\_

Your II Membership Number \_\_\_\_\_

My School(s): \_\_\_\_\_

I am a teacher: Yes No

If yes, in what school(s) and what is your rank? \_\_\_\_\_

Would you like to be listed as a teacher in the directory? Yes No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\$\_\_\_\_\_  
Amount Enclosed