SOGETSU SAN FRANCISCO BAY AREA BRANCH

Membership Application/Renewal 2018 - 2019

Name _____

Address _____ _____
(Street) (City)

_____ _____
(State) (Zip)

Phone (_____) _____ Cell (_____) _____

E-mail _____

Your instructor's name _____

A. *If you have completed the Sogetsu curriculum (Books 1-5):*

Flower name _____

Teachers Certificate grade _____

Sogetsu Teachers Assoc. number _____

B. *If you have not completed the entire curriculum (Books 1- 5):*

I am currently studying Book # _____

Communications and notices: By Email ___ By US Postal Service ___

If you DO NOT wish to be included in a Branch Directory ____

Annual dues are due on April 1st (April 1, 2018 – March 31, 2019)

Regular Member ..... $ 25 ***($30 IF PAID AFTER MAY 15, 2018)***

Sponsor Member ..... $ 40 Donations are welcome .....$ _____

Please make your check payable to

Sogetsu San Francisco Bay Area Branch

Mail form and check to

Sogetsu San Francisco Bay Area Branch Membership 20 Bronte Street San Francisco, CA 94110

FOR BRANCH USE ONLY

Check # _____ $ _____ Dated _____ Cash $ _____ Recorded _____