

Name		
(Street)	(City)	
(State) (Zip)		
Home Phone () Cell	ll Phone ()	
E-mail		
Your instructor's name		
A. If you have <u>not completed</u> the entire curriculum (B	(Books 1- 5): <u>Please make your che</u> payable to	<u>еск</u>
I am currently studying Book #	payable to	
	Sogetsu San Franc	isco
B. If you have <u>completed</u> the Sogetsu curriculum (Bo	ooks 1-5): Bay Area Branc	h
Your Flower Name	— Mail form and check	to
Your "Teachers Certificate" grade		
	Bay Area Branc	h
	Treasurer	
Communications and notices: By Email By US I	Postal Service 2315 Wooster Av	/e.
If you DO NOT wish to be included in a Branch Direct	ctory Belmont, CA	
	94002	
Annual dues are due on April 1 st (April 1, 2024 – Mar	arch 31, 2025)	
Regular Member \$ 25 (\$ 30 IF PAID AFTER	R MAY 15, 2024)	

FOR BRANCH USE ONLY							
Check #	\$	Dated	Cash \$	Recorded			