



Sogetsu San Jose-South Bay Branch Membership Registration

Date: _____ Sogetsu Associate # (if any): _____

First Name: _____ Last Name: _____

Flower Name: _____ Teacher Degree: _____

Address: _____

Phone: _____

Email Address: _____

Teacher's Name/Sensei: _____

Membership Fee: \$25

Please mail this filled form, and a \$25 check payable to Sogetsu San Jose- South Bay Branch to 8714 Bryans Cove Ave., Las Vegas, NV 89148, Attn Kika Shibata.

Thank you!