



Sogetsu San Jose-South Bay Branch Membership Registration

Year 2026 to 2027

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

First Name: _____ **Last Name:** _____

Flower Name: _____ **Teacher Degree:** _____

Address: _____

Phone: _____

Email Address: _____

Teacher's Name/Sensei: _____

Membership Fee: \$30

***Please indicate if you have any changes in your email or address so that we can update the information for you.**

Please mail this filled form, and a \$30 check payable to Sogetsu San Jose- South Bay Branch to 8714 Bryans Cove Ave., Las Vegas, NV 89148, Attn Kika Shibata.

Thank you!