

For Aikikai Use

Certificate No.
Grade Given Dan Kyu

AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUARTERS
 17-18 Wakamatsu-cho Shinjuku-ku, Tokyo 162-0056 JAPAN
APPLICATION FORM FOR
DAN/KYU GRADING EXAMINATIONS

Rank Applied for
Dan Kyu

Attendance after Present Rank obtained Days
--

Please Print or Type		Aikikai Membership No.:	Date of Aikikai Registration:	Nationality:
First Name*	Family Name*	Date of Birth;	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
English Alphabet		(country)		
Address:				
Name of Dojo:		Name of Org. or Group:		
Present Rank Information (Rank, Place Obtained, Date) Rank: Dan/ Kyu Place: Date:				Date of Examination
Remarks:		Examiner's Name: (print) _____ (signature)		

I hereby make my application. Date: Signature:	Examination Fee	
	Registration Fee	

INSTRUCTIONS: *Write your name in CAPITAL LETTERS as you want it to appear on your diploma. Please add 'English' alphabet under your name.
 1. Applicants fill in the boxes enclosed by a heavy line. 2. Please send your Yudansha Book when you apply.
 3. Examiners fill in boxes enclosed by a double line. Do not forget your 'Signature'. The single line boxes are for Aikikai use.
 4. Examination fees and registration fees are not refundable for any reason. 5. Do not change the size or shape of this form. **FORM-1**
 The Aikikai treats all information with the greatest care and in accordance with the laws on protection of personal information. 140903

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First Name*	Family Name*	Date of Birth;	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
English Alphabet		(country)		
Address:				
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AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUARTERS
APPLICATION FORM FOR
ENROLLMENT IN AIKIKAI

会員番号/ID#
入会日/DoE

↑ Aikikai Use

Date:

(dd / Mmm. / yyyy)

Please Print or Type

Applicant's (First Name) (Family Name) Name*:	
English alphabet	
Date of Birth:	Nationality:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	

Name of Organization or Group:
Name of Dojo:
Name of Dojo Representative:

Applicant'

S

(dd / Mmm. / yyyy)

*Write your name in CAPITAL LETTERS as you want it to appear on your diploma. Please add 'English' alphabet under your name, since the Aikikai cannot input other language letters such as Cyrillic letters, Umlaut and Arabic, etc.

-Successful 1st-dan applicants must become a member of the Aikikai Foundation by registering with this form.

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FORM-2

140903

AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUARTERS
APPLICATION FORM FOR
ENROLLMENT IN AIKIKAI

会員番号/ID#
入会日/DoE

↑ Aikikai Use

Date:

(dd / Mmm. / yyyy)

Please Print or Type

Applicant's (First Name) (Family Name) Name*:	
English alphabet	
Date of Birth:	Nationality:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	

Name of Organization or Group:
Name of Dojo:
Name of Dojo Representative:

Applicant'

S

(dd / Mmm. / yyyy)

*Write your name in CAPITAL LETTERS as you want it to appear on your diploma. Please add 'English' alphabet under your name, since the Aikikai cannot input other language letters such as Cyrillic letters, Umlaut and Arabic, etc.

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FORM-2

For Aikikai Use

証書番号
有段者NO.

For Aikikai Use

AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUARTERS
 APPLICATION FORM FOR
AIKIKAI INTERNATIONAL YUDANSHA BOOK

会員番号/ID#

入会日/DoE

Date: _____

(dd / Mmm. / yyyy)

Please Print or Type

Applicant's (First Name) (Family Name)	
Name*:	
English alphabet	
Date of Birth:	Nationality:
Sex:	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
Address:	

Name of Organization or Group:
Name of Dojo:
Name of Dojo Representative:

*Write your name in CAPITAL LETTERS as you want it to appear on your Yudansha-book.

-Successful 1st-dan applicants must obtain an AIKIKAI INTERNATIONAL YUDANSHA BOOK by registering with this form.

-For reissuance of Yudansha Book, please use this form and provide your

Aikikai Membership No. _____ and/or Yudansha Issue No. A - _____

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FORM-3

140903

For Aikikai Use

証書番号
有段者NO.

For Aikikai Use

AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUARTERS
 APPLICATION FORM FOR
AIKIKAI INTERNATIONAL YUDANSHA BOOK

会員番号/ID#

入会日/DoE

Date: _____

(dd / Mmm. / yyyy)

Please Print or Type

Applicant's (First Name) (Family Name)	
Name*:	
English alphabet	
Date of Birth:	Nationality:
Sex:	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
Address:	

Name of Organization or Group:
Name of Dojo:
Name of Dojo Representative:

Aikikai Membership No. _____ and/or Yudansha Issue No. A - _____

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FORM-3

AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUARTERS
APPLICATION FORM FOR
ENROLLMENT IN AIKIKAI

会員番号/ID#
入会日/DoE

↑ Aikikai Use

Date: **MISMA FECHA DE EXAMEN**

(dd / Mmm. / yyyy)

Please Print or Type

Applicant's (First Name)	(Family Name)
Name*:	JUAN PEREZ
English alphabet	
Date of Birth:	FECHA NAC
Nationality:	ARGENTINA
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address:	

Name of organization or Group:	FUNDACION AIKIDO ARGENTINA
Name of Dojo:	NOMBRE DEL DOJO
Name of Dojo Representative:	FUNDACION AIKIDO ARGENTINA

Applicant'

S



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AIKIKAI INTERNATIONAL YUDANSHA BOOK

会員番号/ID#

入会日/DoE

Date: _____
 (dd / Mmm. / yyyy)

Please Print or Type

Applicant's (First Name)	(Family Name)
Name*:	JUAN PEREZ
English alphabet	
Date of Birth: FECHA DE NACI	Nationality: ARGENTINA
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address: LOCALIDAD DE DONDE ES	

Name of organization or Group:	FUNDACION AIKIDO ARGENTINA
Name of Dojo:	NOMBRE DEL DOJO
Name of Dojo Representative:	FUNDACION AIKIDO ARGENTINA

*Write your name in CAPITAL LETTERS as you want it to appear on your Yudansha-book.
 -Successful 1st-dan applicants must obtain an AIKIKAI INTERNATIONAL YUDANSHA BOOK by registering with this form.
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FORM-3

