

For Aikikai Use

Certificate No.
Grade Given Dan Kyu

# AIKIKAI FOUNDATION AIKIDO WORLD HEADQUARTERS

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

Rank Applied for
Dan Kyu

Attendance after Present Rank obtained
Days

<b>Please Print or Type</b> Aikikai Membership No.:		Date of Aikikai Registration:	
First Name*	Family Name*	Date of Birth:	Sex:
English Alphabet		dd / Mmm. / yyyy	M. F.
Address:		Nationality:	
Name of Dojo:	Name of Org. or Group:		
Present Rank Information (Rank, Place Obtained, Date)			Date of Examination
Rank:	Place:	Date:	
Dan/ Kyu		dd / Mmm. / yyyy	dd / Mmm. / yyyy
Remarks:	<b>Examiner's Name:</b>		
	(print) (signature)		

I hereby make my application.

Date: dd / Mmm. / yyyy Signature:

Examination Fee	
Registration Fee	

**INSTRUCTIONS:** \*Write your name 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  
111020

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Dan/ Kyu		dd / Mmm. / yyyy	dd / Mmm. / yyyy
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FORM-1  
111020

No.
Date

# AIKIKAI FOUNDATION

## APPLICATION FORM FOR ENROLLMENT IN AIKIKAI

↑ Aikikai Use

**Please Print or Type**

(First Name)

(Family Name)

**Name\*:**

English alphabet

Date of Birth: dd/Mmm/yyyy Age: \_\_\_\_\_ Nationality: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

Name of Org. or Grp.: \_\_\_\_\_

Name of Dojo: \_\_\_\_\_

Name of Dojo Representative \_\_\_\_\_

**Signature:** \_\_\_\_\_

Date: dd/Mmm/yyyy

\*Write your name as you want it to appear on your diploma. Please add 'English' alphabet under your name.

\*Successful Sho-dan applicants must become a member of the Aikikai Foundation by registering with this form.

FORM-2

111020

No.
Date

# AIKIKAI FOUNDATION

## APPLICATION FORM FOR ENROLLMENT IN AIKIKAI

↑ Aikikai Use

**Please Print or Type**

(First Name)

(Family Name)

**Name\*:**

English alphabet

Date of Birth: dd/Mmm/yyyy Age: \_\_\_\_\_ Nationality: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

Name of Org. or Grp.: \_\_\_\_\_

Name of Dojo: \_\_\_\_\_

Name of Dojo Representative \_\_\_\_\_

**Signature:** \_\_\_\_\_

Date: dd/Mmm/yyyy

\*Write your name as you want it to appear on your diploma. Please add 'English' alphabet under your name.

\*Successful Sho-dan applicants must become a member of the Aikikai Foundation by registering with this form.

FORM-2

111020

For Aikikai Use

証書番号
有段者証No.

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

For Aikikai Use

会員番号
入会日

(First Name)

(Family Name)

Date: ( dd / Mmm. / yyyy )

Name\*:

English alphabet

Date of Birth: ( dd / Mmm. / yyyy ) Nationality: Sex: Male / Female

Address:

Organization or Group:

Name of Org. or Grp. Representative:

Name of Dojo:

Name of Dojo Representative:

\*Write your name as you want it to appear on your diploma. Please add 'English' alphabet under your name.

※Successful Sho-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.

No.

and Yudansha issue

No. A

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FORM-3