

**AIKIKAI FOUNDATION  
AIKIDO WORLD HEADQUARTERS**

**APPLICATION FOR INTERNATIONAL YUDANSHA CARD**

Please print or type

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth (day) \_\_\_\_\_ (mth) \_\_\_\_\_ (yr) \_\_\_\_\_ M·F

Nationality \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Aikikai Membership Number \_\_\_\_\_

Date of Aikikai Registration(day) \_\_\_\_\_ (mth) \_\_\_\_\_ (yr) \_\_\_\_\_

National Organization \_\_\_\_\_

Representative \_\_\_\_\_

Dojo \_\_\_\_\_

Instructor \_\_\_\_\_

**RECORD OF DAN GRADES**

	Date of Exam	Examiner	Registered Number	Date of Registration
Sho dan				
Ni dan				
San dan				
Yon dan				
Go dan				
Roku dan				
Shichi dan				
Hachi dan				

Certificate No. _____
Grade Given _____ Dan _____ Kyu

## APPLICATION FOR DAN-KYU GRADING EXAMINATIONS

AIKIKAI  
Aikido World Headquarters  
17-18 Wakamatsu-cho  
Shinjuku-ku, Tokyo

Rank Applied for _____ Dan _____ Kyu
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Attendance after Present Rank Obtained _____ Days
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<b>Please print or type</b>		Aikikai Membership No.	Date of Aikikai Registration (day) (month) (year)		
First Name		Surname		Date of Birth (day) (month) (year)	
(Katakana)		Place:		Sex M. F.	
Address			Nationality		
Occupation			Name of Dojo		
Present Rank _____ Dan _____ Kyu	Where and When Present Rank Obtained		Date : (day) (month) (year)		
Date of Upcoming Examination (day) (month) (year)		Method (circle one) : by Examination by Recommendation			
Remarks		Examiner's Signature			

I hereby make my application.

Date: \_\_\_\_\_ Signature : \_\_\_\_\_

Examination Fee	_____
Registration Fee	_____

**INSTRUCTIONS:**

- Fill in all the relevant blanks within the heavy boxes and sign where indicated.
- Please show your membership card when applying.
- Soon after the examination, a list of successful applicants will be posted. If your name appears on the list, you must register your promotion at the office and receive your certificate. Failure to do so may result in the cancellation of the grading.
- Examination fees are not refundable for any reason.

### AIKIDO HEADQUARTERS REGISTRATION FORM

Membership No. \_\_\_\_\_

(Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Nationality \_\_\_\_\_ Male or Female \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

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

Signature \_\_\_\_\_