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

Date of Aikikai

Rank Applied for Dan Kyu

Nationality:

Attendance after Present Rank obtained Days

Please Philic of Type	11011		registration.							
First Name*		Family Name*				Date	of Birth;		Sex:	Mala
English Alphabet										Male Female
Address:		1				(country)			-	
Name of Dojo:			Name of Org. or Grou	ıp:						
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Present Rank Information (I Rank: F	lace:	ate)	Date:		L	ate of Exa	imination			
Dan/ Kyu	idee.		Date.							
Remarks:		Examiner's Name	<u> </u>							
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		(print)			(signature)					
I hereby make my applicatio	n.			L	Examination Fe	e 				
Date:	Signature:			F	Registration Fee	9				
1. Applicants fill in the boxes 3. Examiners fill in boxes end 4. Examination fees and regi The Aikikai treats all information	closed by a <u>double line. Do</u> stration fees are not refunda	2. <u>not</u> forget your 'Signat able for any reason. 5	Please send your Yudansh ture'. The single line boxes Do not change the size on	na E s a or sl	Book when you a re for Aikikai use hape of this form	oply.	h' alphabe	t under	your n	FORM-1 140903
Grade Given Dan Kyu	AIKI 17-18 Waka	IDO WORLD H	UNDATION IEADQUARTERS 1-ku, Tokyo 162-0056 JA ORM FOR			tank Applie	ed for Dan Kyu		lance ai it Rank ed	fter Days
			EXAMINATION	S	-			<u> </u>		
	Aikikai Membership		Date of Aikikai			Natio	nality:			
Please Print or Type First Name*	No.:	Family Name*	Registration:			Date	of Birth;		Sex:	
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Rank: F Dan/ <i>Kyu</i>	lace:		Date:							
Remarks:		Examiner's Name	2:							
		(print)			— (signature)					
I hereby make my applicatio	n.		1	E	Examination Fe	e				

INSTRUCTIONS: *Write your name in CAPITAL LETTERS as you want it to appear on your diploma. Please add 'English' alphabet under your name.

Registration Fee

- 1. **Applicants** fill in the boxes enclosed by a **heavy** line.

 2. Please send your Yudansha Book when you applications as a send your Yudansha Book when you applications are for Aikikai use. 2. Please send your Yudansha Book when you apply.
- 4. Examination fees and registration fees are not refundable for any reason. 5.Do not change the size or shape of this form.

The Aikikai treats all information with the greatest care and in accordance with the laws on protection of personal information.

Signature:

Date:

FORM-1

*If you already have a Aikikai Membership Number, you don't need to fill in this form. Please don't forget to fill your Aikikai Membership Number in FORM-1.

AIKIKAI FOUNDATION

AIKIDO WORLD HEADQUARTERS

会員番号/ID#

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入会日/DoE	ENROLLMENT IN AIKIKAI		
↑ Aikikai Use		Date:	Mmm. / yyyy)
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Applicant's (First Name)	(Family Name)		,
Name*:			
English alphabet			
		Sex:	Male
Date of Birth:	Nationality:		Female
Address:			
Name of			
Organization or Group:			
Name of Dojo:			
Name of			
Dojo Representative:			
Applicant's Signature:	Singed Date:		
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	ou want it to appear on your diploma. Please add 'English' alphabet under yo	Jui	
·	inguage letters such as Cyrillic letters, Umlaut and Arabic, etc. e a member of the Aikikai Foundation by registering with this form.		
Successiui ist-uaii abbiicants must become	e a member of the Alkikar Foundation by registering with this form.		
	the greatest care and in accordance with the laws on protection of pe	ersonal information	FORM-2
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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.

-The Aikikai treats all information with the greatest care and in accordance with the laws on protection of personal information.

FORM-2

*Successful 1st-dan examinee must apply Yudansha-book in this application form.

F	For Aikikai Use 証書番号
	有段者NO.

AIKIKAI FOUNDATION AIKIDO WORLD HEADQUARTERS APPLICATION FORM FOR

For Aikikai Use	
会員番号/ID#	
入会日/DoE	

FORM-3

<u>A.</u>	<u>IKIKAI INTERNATIONAL YUDANSHA BOOK</u>		
	Da	te:	
		(dd / Mmm. / yyyy)	
A L' (Fireh Neme)	(Family Name)	Please Pr	rint or Type
Applicant's (First Name) Name*:	(Family Name)		
			_
English alphabet			
Date of Birth:	Nationality:	Sex:	Male Female
Address:			
Name of			
Organization or Group:			
Name of Dojo:			
Name of		-	
Dojo Representative:			
*Write your name in CAPITAL LETTERS as you -Successful 1st-dan applicants must obtain an -For reissuance of Yudansha Book, please use	AIKIKAI INTERNATIONAL YUDANSHA BOOK by registering with this form.		
Aikikai Membership No.	and/or Yudansha issue No. A -		
-The Aikikai treats all information with the	e greatest care and in accordance with the laws on protection of person	nal information.	FORM-3
For Aikikai Use 証書番号 有段者NO.	AIKIKAI FOUNDATION AIKIDO WORLD HEADQUARTERS APPLICATION FORM FOR IKIKAI INTERNATIONAL YUDANSHA BOOK Da	(dd / Mn	nm. / yyyy)
Applicant's (First Name)	(Family Name)	11005011	0. 1,50
Name*:			
English alphabet			
Date of Birth:	Nationality:	Sex:	Male Female
Address:			гентате
Name of			
Organization or Group:			
Name of Dojo:			
Name of Dojo Representative:			
*Write your name in CAPITAL LETTERS as you	AIKIKAI INTERNATIONAL YUDANSHA BOOK by registering with this form.		

-The Aikikai treats all information with the greatest care and in accordance with the laws on protection of personal information.