

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

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

I hereby make my application.

Date: _____ Signature: _____

Examination Fee	_____
Registration Fee	_____

INSTRUCTIONS:

1. Fill in all the relevant blanks within the heavy boxes and sign where indicated.
2. Please show your membership card when applying.
3. 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.
4. Examination fees are not refundable for any reason.

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				

Membership No. _____

AIKIDO HEADQUARTERS REGISTRATION FORM

(Print or Type)

Date _____

First Name _____

Last Name _____

Male or Female _____

Date of Birth _____

Nationality _____

Address _____

Occupation _____

Signature