

AIKIKAI FOUNDATION AIKIDO WORLD HEADQUARTERS

APPLICATION FOR INTERNATIONAL YUDANSHA CARD

Please print or type

Date: _____

First name _____ Surname _____

Date of Birth (day) _____ (mht) _____ (yr) _____ M . F

Nationality _____ Occupation _____

Address _____

Aikikai Membership Number _____

Date of Aikikai Registration (day) _____ (mht) _____ (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				