

APPLICATION FOR DAN GRADES

AIKIKAI AIKIDO WORLD HEADQUARTERS

102 WAKAMATSU-CHO
SHINJUKU-KU, TOKYO

(Print or Type)

1. Surname		9. Number of Aikikai Membership	10. Date of Aikikai Registration
2. First name		11. Present Rank Kyu Dan	Where and When Present Rank Obtained Name of Examiner
3. Date and Place of Birth	4. Sex M, F	12. Date of Starting Aikido	
5. Address		13. Name of Dojo	
6. Nationality	7. Occupation	14. Date and Place of Examination	
8. Signature of Candidate		15. Grade Obtained Dan Failed	
		16. Examiner's Signature	
<p>17. To be completed by the chief of the Grading Examination Committee. The Person above mentioned has passed the grading examination given by the Grading Examination Committee of _____, I, chief of the Committee, hereby request Doshu's recognition of his/her grade and its registration in Aikikai, Aikido World Headquarters.</p> <p style="text-align: right;">_____ Signature</p>			

Membership No. _____

AIKIDO HEADQUARTERS REGISTRATION FORM

(Print or Type) Date: _____

First Name: _____

Last Name: _____

Male or Female: _____

Date of Birth: _____

Nationality: _____

Address: _____

Occupation: _____

Signature