

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