

Membership No. _____

Aikido Headquarters Registration Form

(Print or type)

Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____ Age: _____

Nationality: _____ Passport No.: _____

Address in Japan: _____

Home telephone: _____ Office telephone: _____

Permanent address: _____

Occupation: _____ Male, Female: _____

Previous sports experience: _____

Introduced by whom: _____

Signature