

**AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUATERS**

APPLICATION FOR INTERNATIONAL YUDANSHA CARD

Please print

Date:

SURNAME: FIRST NAME:

DATE OF BIRTH: (day) (mth) (yr) Sex:.....

OCCUPATION: NATIONALITY:

ADDRESS:

.....

AIKIKAI MEMBERSHIP NO.

NATIONAL ORGANIZATION:

REPRESENTATIVE:

DOJO:

INSTRUCTOR:

RECORD OF DAN GRADES

	DATE OF EXAM	EXAMINER	REGISTERED NUMBER	DATE OF REGISTRATION
SHODAN				
NIDAN				
SANDAN				
YODAN				
GODAN				
ROKUDAN				
SHICHIDAN				
HACHIDAN				