

**AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUARTERS**

APPLICATION FOR INTERNATIONAL YUDANSHA CARD

Please print or type

Date: _____

First Name: _____

Surname: _____

Date of Birth: (day) _____ (mth) _____ (yr) _____ M / F

Nationality: _____ Occupation: _____

Address: _____

Aikikai Membership Number: _____

Date of Aikikai Registration: (day) _____ (mth) _____ (yr) _____

National Organisation: _____

Representative: _____

Dojo: _____

Instructor: _____

RECORD OF DAN GRADES

	Date of Exam	Examiner	Registered Number	Date of Registration
Shi dan				
Ni Dan				
San dan				
Yon dan				
Go dan				
Roku dan				
Shichi dan				
Hachi dan				