

**\* If you already have a Aikikai Membership Number, you don't need to fill in this form. Please don't forget to fill your Aikikai Membership Number in FORM-1.**

**AIKIKAI FOUNDATION**  
**AIKIDO WORLD HEADQUARTERS**  
APPLICATION FORM FOR  
**ENROLLMENT IN AIKIKAI**

会員番号/ID#
入会日/DoE

↑ Aikikai Use

Date: \_\_\_\_\_  
(dd / Mmm. / yyyy)

**Please Print or Type**

Applicant's (First Name)		(Family Name)	
Name*:			
English alphabet			
Date of Birth:	Nationality:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Name of Organization or Group:		Birankai North America	
Name of Dojo:			
Name of Dojo Representative:			

**Applicant's  
Signature:**

Singed Date:

(↑ Need Applicant's Autograph)

(dd / Mmm. / yyyy)

\*Write your name in CAPITAL LETTERS as you want it to appear on your diploma. Please add 'English' alphabet under your name, since the Aikikai cannot input other language letters such as Cyrillic letters, Umlaut and Arabic, etc.

-Successful 1st-dan applicants must become a member of the Aikikai Foundation by registering with this form.

-The Aikikai treats all information with the greatest care and in accordance with the laws on protection of personal information.

**FORM-2**

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