

AIKIKAI FOUNDATION  
 AIKIKAI WORLD HEADQUARTERS  
 APPLICATION FOR INTERNATIONAL YUDANSHA CARD

Must be typed

Date \_\_\_\_\_

Surname \_\_\_\_\_ First names \_\_\_\_\_

Date of Birth (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Sex \_\_\_\_\_

Occupation \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_

Aikikai Membership Number \_\_\_\_\_

National Organization Birankai USA

Representative T. K. Chiba, Shihan

Dojo \_\_\_\_\_

Instructor \_\_\_\_\_

RECORD OF DAN GRADES

	Date of Exam	Examiner	Registered #	Date of Registration
Shodan				
Nidan				
Sandan				
Yondan				
Godan				
Rokudan				
Shichidan				
Hachidan				