REGISTRATION OF DAN GRADE

BIRANKAI NORTH AMERICA
REGISTRAR'S OFFICE: P. O. Box 348 Talent, OR 97540

First Name _____

Last Name _____

Date of Birth: _____

Citizenship:: _____ Sex: M ☐ F ☐

Date Started Aikido: _____

Current Dojo _____

New Rank Applied For _____

_____
Signature of Applicant

Prior Rank _____

Date of Prior Promotion _____

_____
Date of new rank examination/recommendation

_____
Place of new rank examination/recommendation

Instructor's name _____

_____
Signature of Instructor

_____
Signature of Examinar (if not Instructor)

For Office use:

Certificate No.

Processed by:

Date of registration