

# AIKIDO ASSOCIATION INTERNATIONAL

1016 W. Belmont Ave, Chicago, IL 60657 USA Ph/Fax: 773.525.3141/773.525.5916  
E-mail: info@aaa-aikido.com

## APPLICATION FOR DAN RANK

I hereby apply to be considered for the rank of (circle one):		Sho	Ni	San	Yon	Go	Roku	-DAN	
NAME:									
MAILING ADDRESS:									
CITY:			STATE:		CODE:		COUNTRY:		
HOME PHONE:				WORK PHONE:					
DATE OF BIRTH:			EMAIL:						
DOJO:				INSTRUCTOR'S NAME:					
DATE(S) OF INSTRUCTOR SEMINAR ATTENDANCE:									
NUMBER HOURS AS ASSISTANT INSTRUCTOR:		WRITTEN ESSAY (S) ATTACHED:		YES	NO				
		AAA/ AAI DUES CURRENT?		YES	NO				
AAI NUMBER:			IAF NUMBER:			Aikikai Membership Number:			
PRESENT RANK:			OBTAINED AT			DOJO, ON DATE:			
APPLICANT'S SIGNATURE:							DATE:		
INSTRUCTOR'S SIGNATURE:							DATE:		
<b>AAI OFFICE USE ONLY</b>	DATE REC'D:	BY Whom:	TEST FEE AMOUNT:	\$	AIKIKAI Test Application		Y	N	
	AMOUNT:		IAF FEE (\$20 one-time):	\$	IAF Card Application		Y	N	
		FORM:	# Months Since Last Test:	AIKIKAI FEE (\$80 one-time):	\$	AIKIKAI Registration Form		Y	N
	AAI DUES PAID:			\$	Seminar Requirement Met		Y	N	
	OWED:			TOTAL:	\$	Assistant Instr. Hours Met		Y	N
						ESSAYS SUBMITTED		Y	N
	TEST RESULT:		PASS	FAIL	PROBATION		TEST DATE:		
	COMMENTS:								
	EXAMINER'S SIGNATURE:							DATE:	
	Date Sent				Mailed By:				
AAI Yudansha Book (red)			AAI Number:						
IAF Yudansha Book (blue)			IAF Number: IAF-						
Hombu Dojo Certificate			Aikikai Membership Number:						
			Certificate Registration Number						

Please make checks payable to "Aikido Association International"

# 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 Organization AIKIDO ASSOCIATION INTERNATIONAL

Representative \_\_\_\_\_

Dojo \_\_\_\_\_

Instructor \_\_\_\_\_

### RECORD OF DAN GRADES

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

Membership No. \_\_\_\_\_

## **AIKIDO HEADQUARTERS REGISTRATION FORM**

(Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Nationality \_\_\_\_\_ Male or Female

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Dojo \_\_\_\_\_

Certificate No. _____		<b>APPLICATION FOR DAN-KYU GRADING EXAMINATIONS</b>		Rank Applied for _____ Dan _____ Kyu		Attendance after present rank obtained _____ days	
Grade Given _____ Dan _____ Kyu				<b>AIKIKAI Aikido World Headquarters 17-18 Wakamatsu-cho Shinjuku-ku, Tokyo</b>			
<b>Please print or type</b>		Aikikai Membership No. _____		Date of Aikikai Registration (day) (mo.) (yr)			
First Name _____ Surname _____				Date of Birth (day) (mo.) (yr)			
(Katakana) _____							
Address _____				Nationality _____			
Occupation _____				Name of Dojo _____			
Present Rank _____ Dan _____ Kyu		Where and when present rank obtained Place: _____		Date: _____			
				Method (circle one): by Examination by Recommendation			
Date of Upcoming Examination (day) (mo.) (yr)				Examiner's Signature _____			
Remarks _____							
I hereby make my application.				Examination Fee _____			
Date: _____ Signature _____				Registration Fee _____			

**INSTRUCTIONS:**

1. Fill in all the relevant blanks within the heavy boxes and sign where indicated.
2. Please show your membership card when applying.
3. Soon after the examination, a list of successful applicants will be posted. If your name appears on the list, you must register your promotion at the office and receive your certificate. Failure to do so may result in the cancellation of the grading.
4. Examination fees are not refundable for any reason.