

No.
Date

**AIKIKAI FOUNDATION**  
APPLICATION FORM FOR  
**ENROLLMENT IN AIKIKAI**

↑ Aikikai Use

**Please Print or Type**

(First Name)

(Family Name)

**Name\*:**

English alphabet

**Date of Birth:** dd/Mmm/yyyy    **Age:**    **Nationality:**    **Sex:** M / F

**Address:**

**Name of Org. or Grp.:**

**Name of Dojo:**

**Name of Dojo Representative**

**Signature:**

**Date:** 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.

\*Successful Sho-dan applicants must become a member of the Aikikai Foundation by registering with this form.

FORM-2

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FORM-2