## No. Date

## **AIKIKAI FOUNDATION**

## APPLICATION FORM FOR **ENROLLMENT** IN AIKIKAI

↑ Aikikai Use Please Print or Type

AIRIRAI OSC				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 Re	epresentative			
Signature:			Dato: dd/Mr	nm/yyyy
	CADITAL LETTERS as you	want it to annot		
			ır on your diploma.  Please add 'Er the Aikikai Foundation by registe	
	••		, ,	FORM-2
	ΔΤΙ	ζΤΚΔΤ Ε	OUNDATION	
No.	73.21		ON FORM FOR	
Date	<u> </u>		ENT IN AIKIKAI	
↑ Aikikai Use				Please Print or Type
(Fir	rst 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 Re	epresentative			
Signature:			Date: dd/Mm	nm/yyyy

<sup>\*</sup>Write your name in CAPITAL LETTERS as you want it to appear on your diploma. Please add 'English' alphabet under your name.

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