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| 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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