

No.
Date

# AIKIKAI FOUNDATION

## APPLICATION FORM FOR ENROLLMENT IN AIKIKAI

↑ Aikikai Use

**Please Print or Type**  
(a Macchina o stampatello)

(First Name) (Nome)

(Family Name) (Cognome)

**Name\*:**

English alphabet

Data di Nascita:

Età:

Nazionalità:

**Date of Birth:**

**Age:**

**Nationality:**

**Sex:**

Indirizzo:

**Address:**

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

AIKIKAI d'ITALIA

Nome del Dojo

**Name of Dojo:**

Nome Responsabile del Dojo

**Name of Dojo Representative**

Firma Esaminando:

**Signature:**

**Date:**

\*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.

The Aikikai treats all information with the greatest care and in accordance with the laws on protection of personal information.

FORM-2

120430

**MODULO A**