



**HELLENIC AIKIDO AIKIKAI**  
**FukuShinKan, Arcadia Dojo HQ 1986**  
**Eleohori Tripoli Arcadia**

Dan Registration Form

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ SEX\_\_ MALE- FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / COUNTRY \_\_\_\_\_ POST CODE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ NATIONALITY \_\_\_\_\_

AIKIKAI MEMBERSHIP NO \_\_\_\_\_ AIKIKAI MEMBERSHIP DATE: \_\_\_\_\_

AIKIKAI YUDANSHA BOOK ISSUE NO. \_\_\_\_\_ AF- \_\_\_\_\_

PRESENT RANK \_\_\_\_\_ PLACE OBTAINED \_\_\_\_\_ DATE \_\_\_\_\_

EXAMINER'S NAME \_\_\_\_\_

DATE OF UPCOMING EXAMS \_\_\_\_\_ PLACE \_\_\_\_\_

RANK APPLYING FOR \_\_\_\_\_ TRAINING DAYS SINCE LAST EXAM \_\_\_\_\_

NAME OF DOJO \_\_\_\_\_

PERSON IN CHARGE \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_