

Takemusu Aikido Association  
**Shodan/Nidan/Sandan Application**

March 2002

Please Type or Print **CLEARLY**

First Name: \_\_\_\_\_

Sex: (circle one)

Date of Birth:

Male

Female

Surname: \_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_  
(Month) (Day) (Year)

Home/Mailing Address:

City/ State / Zip Code:

Country: \_\_\_\_\_

Home Phone:

Nationality: \_\_\_\_\_

Work Phone:

Occupation: \_\_\_\_\_

E-mail:

Rank Applied For:(circle one)

1 Dan • 2 Dan • 3 Dan

Date of Exam:

Training Days After Previous Promotion: \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
(Month) (Day) (Year)

**Do Not Enter the Number of Years.** *The minimum requirement for each rank must be recorded or the application will be rejected. It is the Dojo Cho's responsibility to accurately record the requisite days.*

Dojo Name:

Pre-exam Rank:(circle one) 1 Kyu • 1 Dan • 2 Dan

Date Obtained:

Dojo Where Obtained: \_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

**Nidan and Sandan Only:**

Aikikai Membership Number: \_\_\_\_\_

Date of Registration:

**This information is listed in the yudansha book**

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
(Month) (Day) (Year)

**By signing below, we certify that we have witnessed and approved the applicant's examination for the above rank.**

Examiner: \_\_\_\_\_

Rank: \_\_\_\_\_ dan

Examiner: \_\_\_\_\_

Rank: \_\_\_\_\_ dan

Examiner: \_\_\_\_\_

Rank: \_\_\_\_\_ dan

Examiner: \_\_\_\_\_

Rank: \_\_\_\_\_ dan