

AIKIKAI
Application for Kyu Promotion

Please **PRINT**

Membership No. _____

Name _____ Female Male
Last First Initial

Address _____
Number Street City State Zip

Birth date _____ Date Enrolled in Aikido _____ Date last tested _____
Day/Month/Year Month/Year Month/Year

Present Rank _____ Kyu awarded to me _____ by _____
Month/Year Examiner's Name

I have practiced _____ since my last grading. I hereby apply for the grading of _____ Kyu.
Days

Dojo _____ Instructor _____ Test Date _____
Day/Month/Year

Test Location _____ Applicant's Signature _____

Examiner _____ Promotion: Approved _____ Denied _____
Certificate Number _____ Disposition Date _____

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