【AIKIKAI FOUNDATION】 Enrollment in Aikikai (Transitional Period)

Form B

Applicant Information (Required)

Name 1 (Required)

Full Name. Block letters only (A–Z). Leave one space between first name and last name.
The name as written here will appear on the diploma and Membership Card.
If your full name fits within 30 characters, fill in your full name in Name 1. If it does not fit, use Name 2.
(e.g., If your full name exceeds 30 characters, fill in your first name in Name 1 and your last name in Name 2.)

Name 2 **Use only if your full name does not fit in Name 1**

Date of Birth (YYYY/MM/DD) (Required) / /

Gender (Required) Check one.
☐ Male ☐ Female ☐ Other

Nationality (Required) (e.g., JAPAN, USA)

Second Nationality (Optional, for dual nationality)

Affiliated Organization (Required)

Date of affiliation with the organization (YYYY/MM)

Affiliated since: /

Address Information (Optional)

Country

Address 1 (Room / House Number)

Address 2 (Street Name)

Address 3 (City)

Address 4 (State, Province)

Postal Code

Contact Information (Optional)

Telephone Number (Optional)

Email Address (Optional)

For Aikikai Use

会員番号： **所属団体CD：**

入会年月日(登録日)： **申請CD**

Declaration (Required) :
Upon applying for enrollment in Aikikai, I hereby pledge to comply with all dojo regulations and to devote myself sincerely to the practice of Aikido.

☐ Yes, I agree to this declaration Date of Agreement (YYYY/MM/DD) _____ / ____ / ____

○ Personal information provided will be used only for membership registration, diploma issuance, and related administrative purposes within the Aikikai Foundation.