

# SIAF Dojo Application

*Shioda International Aikido Federation*

*~To be completed Chief Instructor; all fields must be completed~*

Photo

Please Print in Block Letters

Applicant's Name	<i>Given Names</i>		<i>Family Name</i>	
Katakana <i>(Leave blank if unknown)</i>				
Home Address				
	Postal Code		Country	
Tel			Fax	
Email Address				
Date of Birth (y/m/d)	/ /	Sex: M / F	Parent Dojo	
Registered Dan Level				
Grading Responsibility				

## Dojo Information

Proposed Dojo Name				
Kanji or Katakana <i>(Leave blank if unknown)</i>				
Dojo address				
	Postal Code		Country	
Tel			Fax	
Dojo Website Address				
Email Address (required)				
Dojo Opened (y/m/d)	/ /	Mat Area		Full / Part Time
Number of Instructors			Dan Students	Kyu Students
Preferred Postal Address <i>(circle one)</i>	1. Dojo		2. Home address	

***The aim of the SIAF is to promote the international growth of SIAF. I, \_\_\_\_\_, wish to register the above dojo with the SIAF and agree to abide by SIAF rules and regulations.***

Signature \_\_\_\_\_ Date \_\_\_\_\_