

SIAF Individual Registration

Shioda International Aikido Federation

Photo

~all fields must be completed~

Please Print in Block Letters

Applicant's Name	First Name	Family Name		
Home Address				
	Postal Code		Country	
Tel			Fax	
Email address				
Date of birth (y/m/d)	/	/	Sex	Male / Female

Aikido History

Name of Aikido Style	Examining Dojo/Country	Date (Y/M/D)	Level	Note

Other Martial arts History

Name of Style	Examining Dojo/Country	Date (Y/M/D)	Level	Note

The aim of the SIAF is to promote the international growth of SIAF. I, _____, wish to register the member of SIAF and agree to abide by SIAF rules and regulations.

Signature _____ Date _____

*** Individual Registration Fee is 10,000Japanese Yen.**