

Cork Open Center
www.AikidoShobukanCork.com
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KYU APPLICATION FORM

Name: _____ Date: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ E-mail: _____

AIKIDO RANKING and TRAINING INFORMATION

- Current Rank: _____ IAF # _____
- Requested examination rank: _____
- Hours attained since last examination: _____
- Months attained since last examination: _____
- Proposed Uke: _____

Office Use:

Dues: Check # _____ Amount _____

Exam Fee: Check # _____ Amount _____