

AIKIDO ASSOCIATION OF NORTH AMERICA TESTING APPLICATION

[NOTE: please use black or blue ink to complete this application]

Attach photo here

Name: (please print)

Membership Number:

Testing for which rank?

Date of test:
(day/month/year)

Partner's name:

Aikido start date: (month/year)

Date of last test passed:
(month/ year)

Gakushu classes (specify):

Clinics (specify):

Workshops (specify):

Test fee (\$):

Dues paid/ up to date?

Yes No

Check No.

Or Cash? (please enclose)

Please make all checks payable to "AANA"

Mailing address: Aikido Association of North America (AANA), 5836 Henry Avenue, Philadelphia PA 19128