

# 【AIKIKAI FOUNDATION】 Cover Sheet (Transitional Period)

Form A

※ Fill in each box with the text aligned to the left.

※ Attach Form A to Forms B, C, and D grouped by organization.

## 1. Applicant Information

<b>Organization Name</b>	
SHINJUKU MIHON AIKIDO DOKOKAI	
<b>Representative Name</b>	
S H I N S E I H A N A K O	
<b>Administrative Officer Name</b>	
J I M U K A T A T A R O	
<b>Contact Email Address</b>	
<input type="checkbox"/> Representative's <input checked="" type="checkbox"/> Administrative Officer's Email	
S H I N J U K U M I H O N _ J I M U K A T A @ A	
I K I M A I L . C O M	

## 2. Delivery of Diplomas

※ Select your preferred delivery method.

Pick up at Hombu Dojo's front desk

Name of the person who will pick up the diplomas, and their relationship to the organization

**Post Mail Delivery** Mailing Recipient    
  Representative    
  Administrative Officer  
 Other (Name: \_\_\_\_\_ )

Country	J A P A N
Address 1 (Room / House Number)	1 8 8 3 M I H O N B U I L D I
Address 2 (Street Name)	N G , A P A R T M E N T 1 2 1 4
Address 3 (City)	A I K I A V E N U E
Address 4 (State, Province)	S H I N J U K U - K U
Postal Code	T O K Y O - T O
Telephone Number	1 6 0 - 0 0 0 0
	0 9 0 - 1 2 3 4 - 5 6 7 8

## 3. Application Details

<b>Form B Summary</b>	Number of Enrollment Applications	2
<b>Form C Summary</b>	Number of Examination Applications	5
Breakdown of Ranks	4th Dan	1
	3rd Dan	0
	2nd Dan	2
	1st Dan	1
	Kyu	1
<b>Form D Summary</b>	Number of International Yudansha Book Applications (new issuance)	1
	Number of Yudansha Support Fee Units	9

## 4. Items Sent to Aikikai with Application Forms

Number of International Yudansha Books included for update	3
Please list any other enclosed items besides Yudansha Books and Forms A-D	

## 5. Payment Method

<input checked="" type="checkbox"/> <b>International bank transfer</b>	* Bank charge 2,500 JPY
<input type="checkbox"/> <b>Japanese bank transfer</b>	* No bank charge
<input type="checkbox"/> <b>Cash (at Hombu Dojo's front desk)</b>	* JPY only

## 6. Other

For reissuance requests unrelated to examinations, please specify: Requested Item / Membership Number / Name
Please address the invoice to "Ms. Shinsei Hanako".

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担当者名	団体CD	申請CD
登録日	発送CD	請求CD

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

# [AIKIKAI FOUNDATION]

# Enrollment in Aikikai (Transitional Period)

# Form B

## Applicant Information (Required)

<b>Name 1 (Required)</b>	
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.)	
A I K I   T A R O	
<b>Name 2    Use only if your full name does not fit in Name 1</b>	
<b>Date of Birth (YYYY/MM/DD) (Required)</b> <b>Gender (Required) Check one.</b>	
2 0 0 0 / 0 5 / 0 5	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Nationality (Required)</b> (e.g., JAPAN, USA)	
J A P A N	
Second Nationality (Optional, for dual nationality)	
<b>Affiliated Organization (Required)</b>	
SHINJUKU MIHON AIKIDO DOKOKAI	
<b>Date of affiliation with the organization (YYYY/MM)</b>	
Affiliated since: 2 0 2 0 / 0 4	

## Address Information (Optional)

<b>Country</b>	J A P A N
<b>Address 1 (Room / House Number)</b>	1 9 - 2 1   A I K I   H O U S E
<b>Address 2 (Street Name)</b>	A I K I   B O U L E V A R D
<b>Address 3 (City)</b>	S A I T A M A   C I T Y
<b>Address 4 (State, Province)</b>	S A I T A M A - K E N
<b>Postal Code</b>	3 3 0 - 0 0 0 0

## Contact Information (Optional)

<b>Telephone Number (Optional)</b>
0 8 0 - 9 8 7 6 - 5 4 3 2
<b>Email Address (Optional)</b>
T A R O _ A I K I @ A I K I M A I L . C O M

### 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)    2026 / 06 / 01

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会員番号 : _____	所属団体CD : _____
入会年月日(登録日) : _____	申請CD _____

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# 【AIKIKAI FOUNDATION】 Examination Application (Transitional Period)

The Examiner Signature is mandatory. n C

Organization Name	Examination Date (YYYY/MM/DD)	Examination Location	Examiner Name	Examiner Signature
SHINJUKU MIHON AIKIDO DOKOKAI	2 0 2 6 / 0 6 / 0 1	SHINJUKU, JAPAN	WAKAMATSU HANAKO	

※Assumptions for the sample:

Shinsei Hanako Shihan, lead examiner of the Shinjuku Mihon Aikido Dokokai, held an examination session on June 1st, 2026, and submits the exam results filling in this Form C.

membership card.

ate and current rank registration date.

Page number ( 1 )

No	Examinee Identifier				Name of Examinee *Block letters only (A-Z)	Applied Dan / Kyu (1-9)	Current rank registration date at Aikikai (YYYY/MM/DD)				Requests	
	Aikikai Membership No.	Enrollment Date (YYYY/MM/DD)	Date of Birth (YYYY/MM/DD)	<input type="checkbox"/> Non-member (Enrolling this time)			Current rank	Practice days	Date of affiliation	Date of affiliation	Record update	Reissue request
1	1 2 3 4 5 6			<input type="checkbox"/> Non-member (Enrolling this time)	T A N A K A W A K A K O	4 Dan	3	Dan	2 0 2 1 / 0 2 / 1 0	<input type="checkbox"/>	<input type="checkbox"/>	
	2 0 0 5	The name written in the 4 Dan diploma of Aikikai member number "123456" will be "Tanaka Wakako", and this name will also appear in any future diplomas (overwriting the previous name registered in Aikikai).					4 3 1	D	If the applicant's Yudansha Book is being mailed to Aikikai, check this box. Mailing Membership Cards is not required.			
	1 9 8 0 / 0 1 / 0 1	<input checked="" type="checkbox"/> I request that my registered name be updated to the name indicated above.							since	2 0 0 0 / 1 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	2 3 4 5 6 7			<input type="checkbox"/> Non-member (Enrolling this time)	A I K I T A R O	2 Dan				<input type="checkbox"/>	<input type="checkbox"/>	
	2 0 1 0 /	If there is no check in the box for registered name update request, the diploma will be issued with the name already registered in Aikikai (the one in the Membership Card and Yudansha Book).							The current rank registration date is the date the current rank was registered in Aikikai, not the date of the exam for said current rank. Ex: Tanaka Wakako is a member affiliated with Shinjuku Mihon Aikido Dokokai since December 2000. Their current rank, 3 Dan, was registered in Aikikai on February 10th, 2021. Since that date, they have practiced 431 days.			
	1 9 8 5 / 0 2 / 0 2	<input type="checkbox"/> I request that my registered name be updated to the name indicated above.							since	2 0 1 0 / 1 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	3 4 5 6 7 8			<input type="checkbox"/> Non-member (Enrolling this time)	K A T O J I R O	2 Dan	1	Dan	2 0 2 2 / 0 6 / 1 5	<input type="checkbox"/>	<input type="checkbox"/>	
	2 0 1 5 / 0 6 / 2 0						2 1 3	Day	The documents checked here will be reissued. For reissue requests of non-examinees, and for reissue of diplomas, indicate it in the "6. Other" section of Form A.			
	1 9 9 0 / 0 3 / 0 3	<input type="checkbox"/> I request that my registered name be updated to the name indicated above.							since	2 0 1 1 / 0 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4		Non-members enrolling in Aikikai are not required to fill in the Aikikai Membership No., nor the Enrollment Date.		<input checked="" type="checkbox"/> Non-member (Enrolling this time)	A I K I N A O M I	1 Dan				<input type="checkbox"/>	<input type="checkbox"/>	
	1 9 9 5 / 0 4 / 0 4	<input type="checkbox"/> I request that my registered name be updated to the name indicated above.					1 5 0	Days	Examinees with no previous rank registered in Aikikai are not required to fill in the "Current rank" information.			
									since	2 0 1 5 / 0 4	<input type="checkbox"/>	<input type="checkbox"/>
5				<input checked="" type="checkbox"/> Non-member (Enrolling this time)	S A T O S A B U R O	Dan				<input type="checkbox"/>	<input type="checkbox"/>	
	2 0 0 0 / 0 5 / 0 5	<input type="checkbox"/> I request that my registered name be updated to the name indicated above.					8 5	Days				
									since	2 0 2 0 / 0 6	<input type="checkbox"/>	<input type="checkbox"/>

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団体CD	
審査長CD	

# 【AIKIKAI FOUNDATION】 Yudansha Book and Support Fee Application (Transitional Period) Form D

Fill in the section confirming the number of new International Yudansha Books to be issued, and your application for Yudansha (Dan-rank holder) Support Fee.

Examinees requesting a Yudansha Book reissue must indicate it in Form C (Examination Application).

Non-examinees requesting a Yudansha Book reissue must indicate it in Form A (Cover Sheet).

Organization Name
SHINJUKU MIHON AIKIDO DOKOKAI

※ Fill in each box with the text aligned to the left.

※ Dates and ranks must be filled in using Arabic numerals (0–9).

※ 1st Dan examinees are not required to fill in the Yudansha Book number.

※ Applicants enrolling in Aikikai are not required to fill in the membership number.

Page number ( 1 )

No.	Applicant Identifier							Name of Applicant *Block letters only (A–Z)							International Yudansha Book New issuance check		Support Fee Application							
1	Aikikai Membership No.	1	2	3	4	5	6	<input type="checkbox"/> Non-member (Enrolling this time)	T	A	N	A	K	A	W	A	K	A	K	O	Yes <input type="checkbox"/>	I hereby apply for the Yudansha Support Fee* as follows. <span style="border: 1px solid black; padding: 2px;">4</span> units * Yudansha Support Fee is 1,000 JPY / unit. * For 1st Dan examinees, please write "1" or more. * For 2nd Dan or above, please write "2" or more.		
	International Yudansha Book No.	I	M	–	1	2	3	4											* All 1st Dan examinees must check "Yes".					
2	Aikikai Membership No.	2	3	4	5	6	7	<input type="checkbox"/> Non-member (Enrolling this time)	A	I	K	I	T	A	R	O					Yes <input type="checkbox"/>	I hereby apply for the Yudansha Support Fee* as follows. <span style="border: 1px solid black; padding: 2px;">2</span> units * Yudansha Support Fee is 1,000 JPY / unit. * For 1st Dan examinees, please write "1" or more. * For 2nd Dan or above, please write "2" or more.		
	International Yudansha Book No.	I	F	–	1	2	3	4	5										* All 1st Dan examinees must check "Yes".					
3	Aikikai Membership No.	3	4	5	6	7	8	<input type="checkbox"/> Non-member (Enrolling this time)	K	A	T	O	J	I	R	O					Yes <input type="checkbox"/>	I hereby apply for the Yudansha Support Fee* as follows. <span style="border: 1px solid black; padding: 2px;">2</span> units * Yudansha Support Fee is 1,000 JPY / unit. * For 1st Dan examinees, please write "1" or more. * For 2nd Dan or above, please write "2" or more.		
	International Yudansha Book No.	I	F	–	2	3	4	5	6										* All 1st Dan examinees must check "Yes".					
4	Aikikai Membership No.							<input checked="" type="checkbox"/> Non-member (Enrolling this time)	A	I	K	I	N	A	O	M	I					Yes <input checked="" type="checkbox"/>	I hereby apply for the Yudansha Support Fee* as follows. <span style="border: 1px solid black; padding: 2px;">1</span> units * Yudansha Support Fee is 1,000 JPY / unit. * For 1st Dan examinees, please write "1" or more. * For 2nd Dan or above, please write "2" or more.	
	International Yudansha Book No.	Non-members enrolling in Aikikai are not required to fill in the Aikikai Membership No.																	* All 1st Dan examinees must check "Yes".					
5	Aikikai Membership No.							<input type="checkbox"/> Non-member (Enrolling this time)															Yes <input type="checkbox"/>	I hereby apply for the Yudansha Support Fee* as follows. <span style="border: 1px solid black; padding: 2px;"></span> units * Yudansha Support Fee is 1,000 JPY / unit. * For 1st Dan examinees, please write "1" or more. * For 2nd Dan or above, please write "2" or more.
	International Yudansha Book No.	1 Dan examinees are not requested to fill in the International Yudansha Book No.																	* All 1st Dan examinees must check "Yes".					
											Total persons (New Y Book) <span style="border: 1px solid black; padding: 2px;">1</span>		Total units (Support Fee) <span style="border: 1px solid black; padding: 2px;">9</span> units											

※ Indicate the total number of new Yudansha Book issuances and Support Fee units in this form.

※ Applying for Support Fee is voluntary. Your cooperation is very much appreciated.

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団体CD	
申請CD	