

## Qualified Examiner Registration Form

**Please fill in all fields.**

Your rank of Qualified Examiner: Associate Examiner

Your name: Lael Katharine Keen gender: M ☐ / F ☒

Your birth of date: February 4, 1959

Your Ki Society or Federation: Florianopolis Ki-Aikido

Your address: Florianopolis Brazil

Your phone number: 55 48 9946-6561

Your Shinshin Toitsudo rank: Jodan

The date of present Toitsudo rank obtained: October 1998

Your Shinshin Toitsu Aikido rank: 6odan

The date of present Ki-Aikido rank obtained: November 2000

Name of your Chief Instructor: Koichi Kashiwaya

Chief Instructor of Midland Ki Federation

Signature of the Chief instructor:

Signature of applicant: Lael Katharine Keen

- If you do not remember the exact date you obtained your rank, write the year and month.
- Please attach the recommendation letter of the applicant.

Ki Society H.Q.