

Qualified Examiner Registration Form (New or Renewal)

Please fill in all fields.

Your rank of Qualified Examiner: _____

Your name: _____ sex: M / F

The date of your birth: _____

Your Ki society or Federation: _____

Your address: _____

Your phone number: _____

Your Shinshin Toitsudo rank: _____

The date of present Toitsudo rank obtained: _____

Your Shinshin Toitsu Aikido rank: _____

The date of present Ki-Aikido rank obtained: _____

Your Lecturer rank: _____

The date of present Lecturer rank obtained: _____

Name of your Chief Instructor: _____

Chief Instructor of _____ Ki Society/Ki Federation.

Signature of the Chief instructor: _____

Signature of applicant: _____

- 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.