Qualified Examiner registration form

***Please fill in all fields.***

Your rank of Qualified Examiner:

Your name: sex: M / F

Your birth of date:

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:

Name of your Chief Instructor :

Chief Instructor of Ki Society/Ki Federation.

Signature of the Chief instructor:

Signature of applicant:

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

Ki Society H.Q.