



GENSHINKAN
AIKIDO



AIKIDO WORLD ALLIANCE ®

DOJO #: _____

DOJO NAME: _____

CHIEF INSTRUCTOR: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

New Member Registration Form

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ PHONE (W): _____

OCCUPATION: _____ E-MAIL: _____

DATE OF BIRTH: _____ MALE or FEMALE: _____

NAME OF DOJO: _____ RANK: _____

SIGNATURE: _____ DATE: _____

SIGNATURE
OF DOJO-CHO: _____ **DATE:** _____

OFFICE USE ONLY	DATE REC'D: _____		NOTE: _____	AWA #: _____
	BY WHOM: _____	BOOK MADE BY: _____		DATE SENT: _____