

## IAIDO Kyu – 3 Dan EXAMINATION APPLICATION FORM

Requesting Rank:	Exa	am Date:	Gender: M / F
AUSKF ID No:	Me	mber Kendo Federa	tion:
Name:Last			Age:
Last	First	Middle	
Address:(Stree	t)		
(City)	<u> </u>	(State)	(Zip)
Phone:	····	E-Mail:	
Date of Birth:		FAX:	
Present Rank:		Date Received:	
Place of Practice:		How many times a week:	
List any handicaps, injuries etc.	:		
(Signature of Applicant)			(Date)
Print Name:			
(Signature of Regional Federation President)			(Date)
Print Name:			

- \* To avoid mistakes and delays, please print clearly.
- \* A Copy of your Menjo (Promotion Certificate) and \$50.00 Fee (payable to All United States Kendo Federation) must accompany this form.
- \* We cannot process without your AUSKF ID Number.