

**Request for Kendo/Iaido Examination by an Affiliate**

**Organization of the AUSKF**

**Kendo / Iaido / Jodo** (circle one)

**Requesting Rank**:  **Exam Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_(MM / DD/ YYYY)

(Kyu / Dan)

**AUSKF ID No**: **Member Federation**:

**Name of the affiliate that will conduct the test:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( SUSKIF, etc.)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

**Address**

(Street)

/ /

(City) (State) (Zip)

**Phone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail:**  \_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ (MM / DD/ YYYY) **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Rank:**  **Date Received:**

**List any handicaps, injuries, etc.:**

(Signature of Member Federation President) (Date)

**\* To avoid mistakes and delays, please print clearly.**

**\* Please send this form and a copy of your menjo (certificate) with your promotion exam application form to the affiliate which conducts the test.**