



Membership No. \_\_\_\_\_

### AIKIDO HEADQUARTERS REGISTRATION FORM

(Type)

Date  \_\_\_\_\_

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Male or Female \_\_\_\_\_

Date of Birth  \_\_\_\_\_

Nationality \_\_\_\_\_

Address  \_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_  
Signature