



All United States Kendo Federation

**5 Dan-7 Dan  
KENDO /IAIDO ( Circle one)  
EXAMINATION APPLICATION FORM**

Date \_\_\_\_\_ Exam. Date \_\_\_\_\_

Requesting Rank \_\_\_\_\_ ID No. \_\_\_\_\_  
(Kyu/Dan/Shogo)

Name \_\_\_\_\_  
Last First Middle Regional Kendo Federation

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (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)

\_\_\_\_\_  
(Signature of Federation President) (Date)

**For fewer mistakes, please print clearly.  
A Copy of your Menjo (Certificate) and \$50 Fee( Payable to All United States Kendo Federation  
must accompany this form.**