



# All United States Kendo Federation

## KENDO/IAIDO EXAMINATION APPLICATION FORM

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

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

Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle 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: \_\_\_\_\_

**KENDO IAIDO**  
**(circle one)**

\_\_\_\_\_  
(Signature of Applicant) (Date)

Print Name \_\_\_\_\_

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

Print Name \_\_\_\_\_

**A Copy of your Menjo (Certificate) and \$50 Fee( Payable to All United States Kendo Federation must accompany this form. We cannot process without your AUSKF ID Number.**

