

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

**Organization of the AUSKF**

**Kendo / Iaido / Jodo**

(circle one item above)

Please fill out one form per shinsa.

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

(Kyu / Dan)

**AUSKF ID No or FIK ID No**:

**FIK or AUSKF Member Federation**:

 **Name of the affiliate that will conduct the test:** \_All United States Kendo Federation\_\_

 **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.:**

[ ]  I certify that the member listed above is an active member of our federation.\*

 \*(AUSKF members must have an active 2019 membership)

 (Signature of FIK/AUSKF Member Federation President) (Date)

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

**\* Please attach this to your 2019 AUSKF Iaido Summer Camp and Jodo Seminar online registration from or send to** **monica.iwakabe@auskf.org** **by June 9, 2019.**