



All United States Kendo Federation

Request for Kendo/Iaido Examination by an Affiliate Organization of the AUSKF

KENDO / IAIDO (Please circle one)

Requesting Rank: _____ Exam. Date: _____ Date: _____
(Kyu/Dan)

AUSKF ID No.: _____ Regional Kendo Federation: _____

Name of the affiliate that will conduct the test: _____
(ex. AEUSKF, PNKF, SUSKIF, ETC.)

Name: _____ Age: _____
Last First Middle

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)

Print Name: _____

(Signature of Regional Federation President) (Date)

Print Name: _____

- * To avoid mistakes and delays, please print clearly.
- * A Copy of your Menjo (Promotion Certificate)
- * We cannot process without your AUSKF ID Number.