All United States Kendo Federation

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

Kendo / Iaido / Jodo (circle one)

Requesting Rank:	(Kyu / Dan)		Exam Date: /	/	(MM / DD/ YYYY)
AUSKF ID No:		Me	mber Federation:		
Name of the affilia	ate that will co	onduct	t the test:		(SUSKIF, etc.)
					(SUSKIF, etc.)
Name:		/		/	
	(Last)		(First)		(Middle)
Address					
	(Street)				
		/		/	
	(City)		(State)		(Zip)
Phone:		E-Ma	il:		
Date of Birth:	//		(MM / DD/ YYYY)	Age:	
Present Rank:			Date Received	•	
List any handicap	s, injuries, etc	c.:			
(Signature of Member Federation President)					(Date)

^{*} To avoid mistakes and delays, please print clearly.

^{*} Please send this form and a copy of your menjo (certificate) with your promotion exam application form to the affiliate which conducts the test.