

# AIKIDO UNITED INTERNATIONAL

合気道共同国際

## DOJO AFFILIATION APPLICATION

NAME OF DOJO CHO:			DATE:	
ADDRESS:			RANK:	
CITY/ STATE/ ZIP:			DOB:	
PHONE:		CELL:		
OCCUPATION:		EMAIL:		
BRIEF MARTIAL ARTS HISTORY:				
PRIMARY ART(s):			ADDITIONAL ART(s):	
<b>FEE: \$50.00USD Annual Dojo Affiliation Membership</b> <i>Individual AUI memberships for Dojo Affiliate members/students require a separate application and annual fee \$15.00USD.</i>				
DOJO NAME:				
MAILING ADDRESS:				
CITY/STATE/ZIP:				
PHONE:			FAX:	
E-MAIL:			WEB SITE:	
NO# OF STUDENTS:			INSURANCE CARRIER:	
INDIVIDUAL	CLUB	PROGRAM	INCORPORATED	NOT-PROFIT 501 c3
PHYSICAL ADDRESS (if different from above):				
As an AUI Dojo Affiliate, I, as Dojo Cho, agree to practice by the standards and principals expressed by the Aikido United International, its officials and affiliates, to promote Aikido's teachings and philosophies with integrity, honesty and respect to all who seek its way and strive to demonstrate technical comprehension and proficiency in my own teachings and training.				
DODJO CHO SIGNATURE:			DATE:	
OFFICE	DATE REC'D:	BY WHOM:	DOJO NUMBER:	
	AMOUNT:		DOJO NAME:	
USE	FORM:	OWED:	DOJO REGISTRATION	
ONLY	NOTES:		:	DOJO CERTIFICATE
				DATE SENT:
				BY WHOM:

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