

AIKIDO UNITED INTERNATIONAL

合気道共同国際

INDIVIDUAL MEMBERSHIP APPLICATION

AUI DOJO #:	DOJO NAME:
DOJO CHO:	MAILING ADDRESS:
	CITY/STATE/CODE:

New AUI Member Registration

NAME:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:		CELL:	
FAX:	E-MAIL:		
DOB:		MALE or FEMALE	
NAME OF DOJO:		RANK:	
As an AUI Member, I 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 training.			MARTIAL ARTS HISTORY:
SIGNATURE:		DATE:	
DOJO-CHO SIGNATURE:			DATE:
FEE: AUI INDIVIDUAL ANNUAL MEMBERSHIP – ADULT \$15.00USD AUI INDIVIDUAL ANNUAL MEMBERSHIP – YOUTH \$10.00USD <i>Please make checks payable to "Aikido United International"</i>			
OFFICE USE ONLY	DATE REC'D:		AUI #:
	BY WHOM:	FORM: CASH ___ CK ___ PAYPAL ___	MEMBERSHIP CERT:
	AMT: ADULT (\$15) ___ YOUTH (\$10) ___		DATE SENT:

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