

# AIKIDO ASSOCIATION OF AMERICA

<b>DOJO #:</b>	<b>DOJO NAME:</b>
<b>CHIEF INSTRUCTOR:</b>	<b>MAILING ADDRESS:</b>
	<b>CITY/STATE/CODE:</b>

## New Member Registration Form

<b>NAME:</b>			
<b>MAILING ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>CODE:</b>	
<b>PHONE (H):</b>		<b>PHONE (W):</b>	
<b>FAX:</b>	<b>E-MAIL:</b>		
<b>DATE OF BIRTH:</b>		<b>MALE or FEMALE</b>	
<b>NAME OF DOJO:</b>			<b>RANK:</b>
<b>SIGNATURE:</b>			<b>DATE:</b>
<b>SIGNATURE OF DOJO-CHO:</b>			<b>DATE:</b>
<i>Please make checks payable to "Aikido Association of America"</i>			
<b>OFFICE</b>	<b>DATE REC'D:</b>		<b>AAA #:</b>
<b>USE</b>	<b>BY WHOM:</b>	<b>FORM: CASH ___ CK ___ CHG ___</b>	<b>BOOK MADE BY:</b>
<b>ONLY</b>	<b>AMT: YUDANSHA (\$30) ___ ADULT (\$25) ___ CHILD (\$10) ___ FAMILY(\$45) ___</b>		<b>DATE SENT:</b>

# AIKIDO ASSOCIATION OF AMERICA - 2004

<b>DOJO #:</b>	<b>DOJO NAME:</b>
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