



The  
**AMERICAN AIKIKAI FEDERATION**

**Official Membership Application**

**PLEASE READ CLOSELY AND FOLLOW DIRECTIONS CLOSELY.**

*IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT:*

[MEMBERSHIP@AMERICANAIIKAIKAI FEDERATION.COM](mailto:MEMBERSHIP@AMERICANAIIKAIKAI FEDERATION.COM)

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**2010 American Aikikai Federation Membership Application**

*(Print Legibly)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Dojo/Club \_\_\_\_\_ (Circle one) Gender: M F Age \_\_\_\_\_

Aikido Rank \_\_\_\_\_ Date Received \_\_\_\_\_ From \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Tel Country code \_\_\_\_\_

Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Check one box above the line. If you have a Dan Rank from another organization, you can apply with the AAF and remain with your current organization if you wish to do so.

**Annual Dues:**

American Aikikai Federation Dues	Adult	\$50
	17 & Under	\$30

**WAIVER:**

*For and in consideration of my participation in the practice of Aikido and all other activities of the American Aikikai Federation, I, for myself, my executors, administrators, and assigns do hereby release and agree not to sue the American Aikikai Federation (AAF), its officers, instructors, and administrators; other clubs or dojo's; third party organizations including but not limited to sponsors, and those allowing the use of their premises for AAF activities, jointly and /or severally, and hold and save them harmless from and against any and all actions, claims, liabilities, loss, damage, expense of whatever nature, including attorney fees, which may at any time be incurred by reason of my participation or my preparation in the American Aikikai Federation (AAF) sponsored activities, or traveling to and from said activities. I attest and verify that I have full knowledge of risks involved in Aikido and am physically fit and able to participate.*

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 yrs of age)

Return by mail to:

The American Aikikai Federation  
P.O. Box 951862  
Lake Mary FL, 32795-1862

**2010 American Aikikai Federation Membership Application**

*(Print Legibly)*

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY.

- 1. What are your expectations by becoming a member of the AAF?**
  
  
  
  
  
  
  
  
  
  
- 2. Have you ever represented the AAF in an official capacity for any Aikido function (give Months and Years attended)?**
  
  
  
  
  
  
  
  
  
  
- 3. Have you ever attended any AAF Seminars (give Months and Years attended)?**
  
  
  
  
  
  
  
  
  
  
- 4. Have you attended AAF Summer Camp(s) (give Months and Years attended)?**

**Comments:**

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**2010 American Aikikai Federation Dojo Membership form**

*(Print Legibly)*

**Dojo Information**

Dojo Name \_\_\_\_\_ Date founded \_\_\_\_\_

Address \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Tel country code \_\_\_\_\_

Tel (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_www. \_\_\_\_\_

**Entity** *(please check one)*

Sole Proprietor \_\_\_\_\_ Corp \_\_\_\_\_ LLC \_\_\_\_\_ Non-profit \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

State or Country of established entity \_\_\_\_\_

**Officer/Owner Information**

Name \_\_\_\_\_

Address (Home) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Tel country code \_\_\_\_\_

Tel (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address (Home) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Tel country code \_\_\_\_\_

Tel (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Current or Past Organization, Association, Federation Affiliated to:**

\_\_\_\_\_

\_\_\_\_\_

**Dojo fee:** \$70 per year

**2010 American Aikikai Federation Direction for Membership Forms Completion**

1. Have each member of your dojo/club fill out the waivers (*two pages*)
2. Collect waivers and fees from each member for appropriate level of membership (AAF)
3. Make sure copies of Certificates, Yudansha, and or any other rank information is included
4. Each Dojo/Club will SUBMIT ONLY ONE CHECK made payable to the American Aikikai Federation (AAF).
5. Send forms and check to the following address:

**The American Aikikai Federation  
PO Box 951862  
Lake Mary FL 32795**



**2010 American Aikikai Federation Membership Instructions**

- There are only 3 categories of membership fees for the AAF

Membership fees:

All adults- \$50.00 per year

All youth (17 & under, regardless of rank) \$30.00 per year

Dojo \$70 per year

