



Aikido Shimbokukai

Individual Membership Form

Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Telephone _____ Email _____

Dojo Name/Location/Instructor _____

Your Current Rank/Aikikai Membership # _____

Where/When Received _____

I hereby make my application for membership to the Aikido Shimbokukai.

Signature

Date

Annual Membership Fee of US\$50.00 is upon initial registration.
For those initially registering after July 1, the annual fee is prorated to US\$25.00.
Annual fees for subsequent years are due by January 31.

Send to:
Aikido Shimbokukai c/o
Abiding Spirit Center
1540 Carlemont Drive, Suite E
Crystal Lake, IL 60014 USA

Please submit payment in US Dollars by check, money order, bank transfer or PayPal
(aikidoshimbokukai@gmail.com).