

California Aikido Association  
**Replacement Form**

(revised January 2002)

Replacement(s) Needed:

- Yudansha Book**  
 **Membership Card**  
 **Dan Certificate**

First Name: \_\_\_\_\_

Sex:  Male

Date of Birth:

Surname: \_\_\_\_\_

Female

\_\_\_\_\_  
Month Day Year

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Home phone: \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Dojo: \_\_\_\_\_

List all Aikikai dan ranks held along with  
the date each rank was awarded:

**Rank** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Month Day Year

**If Available**

Aikikai Membership Number: \_\_\_\_\_

Date of Registration:

\_\_\_\_\_  
Month Day Year

**If this information is unavailable, submit a reduced photocopy  
of the applicant's current dan certificate.**

**The fee for these replacements is \$35.00**

Make checks payable to "California Aikido Association"  
and send to:

**Adrienne Wonnacott, 751 Laurel St #513, San Carlos, CA 94070**

The replacement(s) will be ordered when the next quarterly promotions are processed.