



**The Canadian Aikido Federation  
La Fédération Canadienne d'Aikido**

**Application for Dojo Registration  
Demande D'Adhesion Pour Dojo**

**Year 2017-2018**  
 New     Renewal

**If there are no changes to your information fill in the Dojo name, check this box, sign and date the form and send it in.**     No changes

DOJO

Name Nom: \_\_\_\_\_  
Address-Adresse: \_\_\_\_\_  
City-Ville: \_\_\_\_\_ Province: \_\_\_\_\_  
P.C.-C.P. \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

DOJO DETAILS

Date of/de Formation: \_\_\_\_\_  
Number of Active Members-Nombre de Membres Actifs: \_\_\_\_\_  
Provincial Association Provinciale: \_\_\_\_\_

- Private Facility/service privé     - Public Facility/service public

CORRESPONDENCE  
CORRESPONDANCE

C/O-A/S: \_\_\_\_\_  
Address-Adresse: \_\_\_\_\_  
City-Ville: \_\_\_\_\_ Province: \_\_\_\_\_  
P.C.-C.P.: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_

CHIEF INSTRUCTOR(S)  
CHEF INSTRUCTEUR(S)

Name-Nom: \_\_\_\_\_  
Address-Adresse: \_\_\_\_\_  
City-Ville: \_\_\_\_\_ Province: \_\_\_\_\_  
P.C.-C.P.: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_

OTHER INST.(S)  
d'AUTRES INST.(S)

Name-Nom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE:

\_\_\_\_\_  
\_\_\_\_\_  
Instructor/Instructeur Signature