

N.9 Master Tour Rider/Co-Rider Application (Level IV)



GOLD WING ROAD RIDERS ASSOCIATION, INC.



RIDER EDUCATION PROGRAM MASTER TOUR RIDER/CO-RIDER APPLICATION (LEVEL IV)

Date of Application / /

Rider: _____	Membership #: _____	Region: _____
Co-Rider: _____	Membership #: _____	District: _____ Chapter: _____
Address: _____	City: _____	State: _____ Zip: _____

MASTER APPLICATION

Submit the completed form to any GWRRA officer for validation. Forward the completed form along with **\$35.00 FOR EACH PARTICIPANT** to your District Educator. You will receive a standard Master Triangle Patch with your Master Number embroidered on it. **Black & Gold patches are available with the embroidered number for an additional \$8.00 per patch.**

Black & Gold Patch Requested *Amount Enclosed* \$ _____

<input type="checkbox"/> Copies of ALL completion cards	<input type="checkbox"/> Motorcycle endorsement (where required)
<input type="checkbox"/> Certified Tour Rider/Co-Rider for at least one year.	<input type="checkbox"/> Carries First Aid Kit on the motorcycle
<input type="checkbox"/> Written recommendation from any GWRRA Officer	<input type="checkbox"/> Rides with proper protective gear
<input type="checkbox"/> Has ridden minimum of 25,000 Safe Miles (40,500 km)	<input type="checkbox"/> Has maintained all Level III requirements (current in Level Database)

Current Safe Miles: **Rider** Safe Miles/km _____ **Co-Rider** Safe Miles/km _____

Current CPR and FIRST AID Provider

Rider: CPR Provider: _____	Exp. Date: / /	First Aid Provider: _____	Exp. Date: / /
Co-Rider: CPR Provider: _____	Exp. Date: / /	First Aid Provider: _____	Exp. Date: / /

Current Rider Course within the past 3 years

Rider: Type of Course Taken: _____	Expiration Date: / /
Co-Rider: Type of Course Taken: _____	Expiration Date: / /

MASTER RECOGNITION PROGRAM

Recognition for years in the Master Program in increments of 5, 10, or 15 (or greater) years. Refer to the "Master Recognition Program Eligibility List" to determine if you qualify for this recognition. Send the completed form along with **\$2.00 PER PATCH** to the International Assistant Rider Educator. You will receive the patch you qualify for.

Amount Enclosed for Patch(es) \$ _____

<input type="checkbox"/> Senior Master (5 years from year of Level IV)	<input type="checkbox"/> Rider	_____	Rider Master #	_____	Year Issued
<input type="checkbox"/> Grand Master (10 years from year of Level IV)	<input type="checkbox"/> Co-Rider	_____	Co-Rider Master #	_____	Year Issued
<input type="checkbox"/> Life Grand Master (15 years from year of Level IV)					

Patch(es) Needed (\$2.00 per patch)

SIGNATURES AND APPROVALS

Signatures required for new application only

I am affirming by my signature that I agree to abide by the requirements set forth by GWRRA for the Master Tour Rider including continuing training and preparation and by riding **at all times** in proper riding gear.

_____	/ /	_____	/ /
Rider Signature	Date	Co-Rider Signature	Date

I recommend the above member/s for Level IV of the GWRRA Master Tour Rider/Co-Rider Program.

_____	/ /	_____
Validating Officer Title	Validating Officer Signature	Date

FOR OFFICE USE ONLY:

Region Educator Approval: _____	Date: / /	Amount Received: _____
Master Number Issued: Rider _____	Co-Rider _____	Check Number: _____

For New Applications mail completed form and application fee to:
Ruth Ann Rosamond, PO Box 302, Collinsville, MS 39325