

N.7 Rider Education Program Levels Application (Level I – III)

GOLD WING ROAD RIDERS ASSOCIATION, INC.



RIDER EDUCATION PROGRAM LEVELS PROGRAM APPLICATION (LEVEL I-III)

Date of Application / /

Rider: _____	Membership #: _____	Region: _____
Co-Rider: _____	Membership #: _____	District: _____ Chapter: _____
Address: _____	City: _____	State: _____ Zip: _____
Validation Officer Name: _____	Title: _____	Date / / Participants are STRONGLY

URGED to wear proper riding gear while riding!

LEVEL I - SAFETY BY COMMITMENT - SAFE RIDER/CO-RIDER

This program is a commitment to safe riding. Submit the completed form along with **\$6.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive ONE SAFE MILES PATCH, either a RIDER or CO-RIDER ROCKER and a Safe Miles pin if applicable.

Safe Miles Pin - For each 5,000 Safe Miles increment, you can receive Safe Miles Pin by filling out this form and having it validated. Submit the completed form to a validating officer. Then forward the completed form along with **\$2.00 for each pin** to your Chapter or District Educator.

<input type="checkbox"/> Please enroll Rider in Level I.	<input type="checkbox"/> Please enroll Co-Rider in Level I.
<input type="checkbox"/> Already enrolled in Level I	Rider: _____ Safe Miles pin needed: _____
<input type="checkbox"/> Update my Safe Miles as indicated at the right	Co-Rider: _____ Safe Miles pin needed: _____

LEVEL II - SAFETY BY EDUCATION – TOUR RIDER/CO-RIDER EDUCATION

Any GWRRA Officer can validate the following requirements. Submit the completed form to a validating officer. Then forward the completed form along with **\$5.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive either a Rider or Co-Rider triangle patch.

TOUR RIDER TOUR CO-RIDER

<input type="checkbox"/> Enrolled in Safe Rider Program (Level I) Enrolled in Safe	<input type="checkbox"/> Co-Rider Program (Level I)
<input type="checkbox"/> I have 5000 Safe Miles!	<input type="checkbox"/> I have 5000 Safe Miles!
<input type="checkbox"/> M/C License or Endorsement (if required)	<input type="checkbox"/> Approved Rider Course or Co-Rider Seminar within 3 years:
<input type="checkbox"/> Approved Rider Course within 3 years:	years: _____ Exp. Date: / /
Type of Course Taken: _____ Exp. Date: / /	Type of Course Taken: _____ Exp. Date: / /

LEVEL III - SAFETY BY PREPAREDNESS - CERTIFIED TOUR RIDER/CO-RIDER

Any GWRRA Officer can validate the following requirements. Submit the completed form to a validating officer. Then forward the completed form along with **\$4.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive either a TOUR RIDER or CO-RIDER patch.

CERTIFIED TOUR RIDER CERTIFIED TOUR CO-RIDER

<input type="checkbox"/> Enrolled in Level 1 and current in Level II Enrolled in Level	<input type="checkbox"/> 1 and current in Level II
<input type="checkbox"/> M/C License or Endorsement (if required)	<input type="checkbox"/> Current CPR or FIRST AID Provider:
<input type="checkbox"/> Current CPR or FIRST AID Provider:	CPR Provider: _____ Exp. Date: / /
CPR Provider: _____ Exp. Date: / /	First Aid Provider: _____ Exp. Date: / /
First Aid Provider: _____ Exp. Date: / / <input type="checkbox"/>	<input type="checkbox"/> Approved Rider Course or Co-Rider Seminar within 3 years:
Approved Rider Course within 3 years:	years: _____ Exp. Date: / /
Type of Course Taken: _____ Exp. Date: / /	Type of Course Taken: _____ Exp. Date: / /
<input type="checkbox"/> Carries First Aid Kit on the Bike	

HIGH MILEAGE PROGRAM

To be eligible you must have accumulated 50,000 miles. Have your TOTAL mileage validated by any GWRRA Officer. Submit the completed form to a validating officer. Then forward the completed form along with **\$5.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive the HIGH MILEAGE PIN and the MILEAGE BAR. As you accumulate additional miles, in 50,000-mile increments, you can receive additional hanger bars for \$2.00 each by submitting the update form to your Chapter or District Educator.

<input type="checkbox"/>	First High Mileage Application
<input type="checkbox"/>	Rider Miles
<input type="checkbox"/>	Co-Rider Miles

MILEAGE VERIFICATION		
Bike	Year	Mileage

SUMMARY

Total Fees: _____ Date: ____/____/____ Pins/Patches Issued By: _____
Patches Issued R/W (B/G add \$1.00) (Only sign if pins or patches were issued)

Mail form to: Brian & June Weddle, 12291 Amanda Way, Gulfport, MS 39503
E-mail Address: brianweddle55@gmail.com

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