

# N.10 REP Levels Data Update Form



## GOLD WING ROAD RIDERS ASSOCIATION, INC.



### RIDER EDUCATION PROGRAM LEVELS DATA UPDATE FORM

*Date of Update*      /      /

**Submitted by:** \_\_\_\_\_ **Membership #:** \_\_\_\_\_  
**Region:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Chapter:** \_\_\_\_\_

**Please Update the REP Database Records as Follows:**

(Check the appropriate field you want to change and enter the information)

<input type="checkbox"/> <b>Update Rider Information</b> Rider: _____ Current/New Membership #: _____ Old #: _____	<input type="checkbox"/> <b>Update Co-Rider Information</b> Co-Rider: _____ Current/New Membership #: _____ Old #: _____
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**Change of Address**  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

**Change of Chapter/District/Region Designation**  
 Region: \_\_\_\_\_ District: \_\_\_\_\_ Chapter: \_\_\_\_\_

<input type="checkbox"/> <b>Update Rider Level Starting Date</b> Date current level was achieved      /      /	<input type="checkbox"/> <b>Update Co-Rider Level Starting Date</b> Date current level was achieved      /      /
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<input type="checkbox"/> <b>Update Rider Safe Miles</b> Safe Miles: _____ (5K mile increments) <input type="checkbox"/> Safe Miles Pin/Rocker(s) needed ( <b>\$2.00 US per Pin/Rocker</b> )	<input type="checkbox"/> <b>Update Co-Rider Safe Miles</b> Safe Miles: _____ (5K mile increments) <input type="checkbox"/> <b>Total Pin/Rocker Cost \$</b>
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<input type="checkbox"/> <b>Update Rider High Mileage (miles or km)</b> High Miles: _____ (50K increments) <input type="checkbox"/> High Mileage Pin/Rocker(s) needed ( <b>\$2.00 US per Pin/Rocker</b> )	<input type="checkbox"/> <b>Update Co-Rider High Mileage (miles or km)</b> High Miles: _____ (50K increments) <input type="checkbox"/> <b>Total Pin/Rocker Cost \$</b>
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<input type="checkbox"/> <b>Update of Rider Level Requirements</b> <u>Indicate Level You Are Updating Your Requirements For</u> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <u>Approved Rider Course:</u> Type: _____ Exp. Date:      /      / <u>CPR or First Aid Provider:</u> CPR Provider: _____ Exp. Date:      /      / First Aid Provider: _____ Exp. Date:      /      / <input type="checkbox"/> Level 2 or 3 Year Pin/Hanger Bar needed _____ <input type="checkbox"/> Master Renewal Bar/Year Pin needed _____ ( <b>\$2.00 US per Year Pin/Hanger for all Pins and Hangers Listed</b> )	<input type="checkbox"/> <b>Update of Co-Rider Level Requirements</b> <u>Indicate Level You Are Updating Your Requirements For</u> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <u>Approved Rider Course or Co-Rider Seminar</u> Type: _____ Exp. Date:      /      / <u>CPR or First Aid Provider:</u> CPR Provider: _____ Exp. Date:      /      / First Aid Provider: _____ Exp. Date:      /      / <input type="checkbox"/> Level 2 or 3 Year Pin/Hanger Bar needed _____ <input type="checkbox"/> Master Renewal Bar/ Year Pin needed _____ <b>Total Pin/Hanger Cost \$</b>
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**Other (list):** \_\_\_\_\_

**Mail form to:** Ruth Ann Rosamond, PO Box 302, Collinsville, Ms 39325

Revised April 2008