

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* \$ _____

Copies of ALL completion cards and Driver License with motorcycle endorsement (if required) validated by a GWRRA officer

Certified Tour Rider/Co-Rider for at least one year. Carries First Aid Kit on the motorcycle

Written recommendation from any GWRRA Officer Rides with proper protective gear

Has ridden minimum of 25,000 Safe Miles (40,500 km) 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 GWRRA Masters Program, P.O. Box 42450, Phoenix, AZ 85080-2450. You will receive the patch you qualify for.

Amount Enclosed for Patch(es) \$ _____

Senior Master (5 years from year of Level IV)

Grand Master (10 years from year of Level IV) Rider **Rider Master #** **Year Issued**

Life Grand Master (15 years from year of Level IV) Co-Rider **Co-Rider Master #** **Year Issued** _____

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 or Master Recognition Program mail completed form and fee to:
Ruth Ann Rosamond, PO Box 302, Collinsville, Ms 39325