

RIDER EDUCATION PROGRAM APPLICATION & RENEWAL FORM

Rider: _____ GWRRRA # _____ Chapter: _____
 Co-Rider: _____ GWRRRA # _____
 Address: _____ City: _____ ST/Prov: _____ Zip: _____
 Validation Officer Name: _____ Title: _____

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 form along with \$6.00 FOR EACH PARTICIPANT to the Rider Education or Operation Officer or the address below. You will receive ONE SAFE MILES PATCH, either a RIDER or CO-RIDER ROCKER and a Safe Miles pin if applicable.

**For each 5,000 Safe Miles increment, you can receive MILEAGE PINS by filling out this form and having it validated.
 Submit form for validation along with a check for \$2.00 to Officer or mail to address below.**

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

SAFETY BY EDUCATION - TOUR RIDER/CO-RIDER EDUCATION

Any GWRRRA Officer can validate the following requirements. Submit the form along with \$5.00 FOR EACH PARTICIPANT to a validating officer or mail to the address below. You will be sent either a Rider or Co-Rider triangle patch. If renewing, you will receive an additional year pin (for \$2.00 plus the validation form).

You must renew **only** your highest level each year.

TOUR RIDER

 Enrolled SAFE RIDER PROGRAM (Level I)
 M/C License or Endorsement (if required)
 Approved Rider Course within 2 years
 Type: _____ Exp. Date: _____
 First Application, I have 5000 Safe Miles!
 Renewal for Year _____ Years at Current Level _____
 Renewal Fee waived for Rider. **I am a Life Member!**

CO-RIDER

 Enrolled SAFE RIDER PROGRAM (Level I)
 Approved Rider Course or Co-Rider Seminar within 2 years
 Type: _____ Exp. Date: _____
 First Application, I have 5000 Safe Miles!
 Renewal for Year _____ Years at Current Level _____
 Renewal Fee waived for Co-Rider. **I am a Life Member!**

LEVEL III

SAFETY BY PREPAREDNESS - CERTIFIED TOUR RIDER/CO-RIDER

Any GWRRRA Officer can validate the following requirements. Submit the form, with \$4.00 FOR EACH PARTICIPANT to a validating officer or mail to the address below. You will be sent either a TOUR RIDER or CO-RIDER PATCH. If renewing, you will receive an additional year pin (for \$2.00 plus validation form).

You must renew **only** at your highest level each year.

CERTIFIED TOUR RIDER

 Enrolled in Level I and current Level II.
 Current CPR/FIRST AID
 CPR Type _____ Exp. Date _____
 First Aid Type _____ Exp. Date _____
 Approved Rider course within 2 years
 Type: _____ Exp. date: _____
 Carries First Aid Kit on the Bike
 Renewal for Year _____ Years at Current Level _____
 Renewal Fee waived for Rider. **I am a Life Member!**

CERTIFIED CO-RIDER

 Enrolled in Level I and current Level II.
 Current CPR/FIRST AID
 CPR Type _____ Exp. Date _____
 First Aid Type _____ Exp. Date _____
 Approved Course/Seminar within 2 yrs
 Type: _____ Exp. Date: _____
 Renewal for Year _____ Years at Current Level _____
 Renewal Fee waived for Rider. **I am a Life Member!**

HIGH MILEAGE PROGRAM

To be eligible you must have accumulated 50,000 miles. Have your TOTAL mileage validated by any GWRRRA Officer. Submit the form, with \$5.00 FOR EACH PARTICIPANT to a validating officer or mail to the address below. 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 hangers for \$2.00 each by submitting the validation form.

| <input type="checkbox"/> First High Mileage Application <input type="checkbox"/> Update Miles <input type="checkbox"/> Rider _____ Miles <input type="checkbox"/> Co-Rider _____ Miles | <table border="0" style="width: 100%;"> <tr> <th colspan="3" style="text-align: center;">MILEAGE VERIFICATION</th> </tr> <tr> <th style="text-align: center;">Bike</th> <th style="text-align: center;">Year</th> <th style="text-align: center;">Mileage</th> </tr> <tr> <td style="border-top: 1px solid black; width: 30%;"></td> <td style="border-top: 1px solid black; width: 30%;"></td> <td style="border-top: 1px solid black; width: 40%;"></td> </tr> </table> | MILEAGE VERIFICATION | | | Bike | Year | Mileage | | | |
|--|---|----------------------|--|--|------|------|---------|--|--|--|
| MILEAGE VERIFICATION | | | | | | | | | | |
| Bike | Year | Mileage | | | | | | | | |
| | | | | | | | | | | |

Total Money Enclosed: _____ Date: _____ Patches Issued By: _____
(Only sign if patches were issued)

Mail completed form with applicable fees to:
 Vicky Harding, 10907 S. Perdue Rd. Grain Valley, MO 64029