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 USD 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. You must be current in the program to qualify. Send the completed form with the color indicated you want, along with **$2.00 USD PER PATCH** to your District Educator. 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 USD 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:

Martin Hall : akamhall@yahoo.com

Revised March 2009