

N.9 Master Tour Rider/Co-Rider Application (Level IV)

MASTER TOUR RIDER/CO-RIDER APPLICATION

Rider: _____	Membership # _____	Region: _____
Co-Rider: _____	Membership # _____	District: _____ Chapter: _____
Address: _____		City: _____ State: _____ Zip: _____

NEW

New Application is \$35 per applicant

Amount Enclosed: \$ _____

- | | |
|---|--|
| <input type="checkbox"/> Certified Tour Rider/Co-Rider for at least one year.
<input type="checkbox"/> Written recommendation from any GWRRA officer.
<input type="checkbox"/> Has ridden minimum of 25,000 Safe Miles.
Rider Safe Miles: _____
<input type="checkbox"/> Current First Aid and CPR:
Rider: First Aid Type: _____ Expiration Date: _____ CPR Type: _____ Expiration Date: _____
Co-Rider: First Aid Type: _____ Expiration Date: _____ CPR Type: _____ Expiration Date: _____ | <input type="checkbox"/> Carries a First Aid Kit on the motorcycle.
<input type="checkbox"/> Rides with proper protective gear.

Co-Rider Safe Miles: _____

<input type="checkbox"/> Current Rider Course within the past three years. (ERC, MRC-RSS/BRC, Two-Up, ARC, Sidecar, Trailering or Trike for Rider/Co-Rider or Co-Rider Seminar for Co-Rider only .)
Rider: Type of Course Taken: _____ Course Expiration Date: _____
Co-Rider: Type of Course Taken: _____ Course Expiration Date: _____ |
|---|--|

RENEWAL

Renewal Fee is \$10 per Master

Amount Enclosed: \$ _____

- Rider Master # _____ Renewal for Year _____ Co-Rider Master # _____ Renewal for Year _____
- | | |
|--|---|
| <input type="checkbox"/> Current First Aid and CPR:
Rider: First Aid Type: _____ Expiration Date: _____ CPR Type: _____ Expiration Date: _____
Co-Rider: First Aid Type: _____ Expiration Date: _____ CPR Type: _____ Expiration Date: _____ | <input type="checkbox"/> Current Riding course within the past three years.
(ERC, MRC-RSS, Two-up, ARC, Trailering or Trike for Rider/Co-Rider or Co-Rider Course for Co-Rider only .)
Rider: Type of Course Taken: _____ Course Expiration Date: _____
Co-Rider: Type of Course Taken: _____ Course Expiration Date: _____ |
|--|---|
- Carries a First Aid Kit on the motorcycle. Renewal Fee *waived** for Rider. **I am a Life Member!**
 Rides with proper protective gear. Renewal Fee *waived** for Co-Rider. **I am a Life Member!**

MASTERS RECOGNITION PROGRAM

Senior Master

Grand Master

Life Grand Master

(5 years from date of Lvl IV)

(10 years from date of Lvl IV)

(15 years from date of Lvl IV)

Year Masters Issued _____

Year Masters Issued _____

Year Masters Issued _____

Renewal Fee **\$7.50**

Renewal Fee **\$5.00**

Renewal Fee **Waived***

**Life Members who wish to receive a renewal pin or year bar must include \$2.00.*

SIGNATURES AND APPROVALS

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

(New Applications Only) I recommend the above member/s for Level IV of the GWRRA Master Tour Rider/Co-Rider Program.

Officer Title

Signature

Date

FOR OFFICE USE ONLY:

Approved: _____

Date: _____

Master # issued: _____

Rider

Co-Rider

Mail completed form and application fee to:

GWRRA Masters Program, P.O. Box 42450, Phoenix, AZ 85080-2450

Revised March 2004