

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 USD per patch.**

| | | |
|--|--|---------------------------|
| <input type="checkbox"/> Black & Gold Patch Requested | | <i>Amount Enclosed</i> \$ |
| <input type="checkbox"/> Certified Tour Rider/Co-Rider for at least one year. | <input type="checkbox"/> Carries First Aid Kit on the motorcycle | |
| <input type="checkbox"/> Has ridden minimum of 25,000 Safe Miles (40,500 km) | <input type="checkbox"/> Rides with proper protective gear | |
| <input type="checkbox"/> Has maintained all Level III requirements (current in Level Database) | | |
| Current Safe Miles: Rider Safe Miles/km _____ | Co-Rider Safe Miles/km _____ | |
| <input type="checkbox"/> Current CPR and FIRST AID Provider | | |
| Rider: CPR Provider: _____ | Exp. Date: / / | First Aid Provider: _____ |
| Co-Rider: CPR Provider: _____ | Exp. Date: / / | First Aid Provider: _____ |
| <input type="checkbox"/> 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.

| | | |
|--|-----------------------------------|---|
| | | <i>Amount Enclosed for Patch(es)</i> \$ |
| <input type="checkbox"/> Senior Master (5 years from year of Level IV) | <input type="checkbox"/> Rider | Rider Master # Year Issued |
| <input type="checkbox"/> Grand Master (10 years from year of Level IV) | <input type="checkbox"/> Co-Rider | Co-Rider Master # Year Issued |
| <input type="checkbox"/> Life Grand Master (15 years from year of Level IV) | | |
| <input type="checkbox"/> 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:
John Olenick, 810 W. 4th St. Dallas City, IL 62330