

## 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.<br><input type="checkbox"/> Written recommendation from any GWRRA officer.<br><input type="checkbox"/> Has ridden minimum of 25,000 Safe Miles.<br><b>Rider Safe Miles:</b> _____<br><input type="checkbox"/> Current First Aid and CPR:<br><b>Rider:</b> First Aid Type: _____ Expiration Date: _____ CPR Type: _____ Expiration Date: _____<br><b>Co-Rider:</b> First Aid Type: _____ Expiration Date: _____ CPR Type: _____ Expiration Date: _____ | <input type="checkbox"/> Carries a First Aid Kit on the motorcycle.<br><input type="checkbox"/> Rides with proper protective gear.<br><br><b>Co-Rider Safe Miles:</b> _____<br><br><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 <b>Co-Rider only</b> .)<br><b>Rider:</b> Type of Course Taken: _____ Course Expiration Date: _____<br><b>Co-Rider:</b> 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:<br><b>Rider:</b> First Aid Type: _____ Expiration Date: _____ CPR Type: _____ Expiration Date: _____<br><b>Co-Rider:</b> First Aid Type: _____ Expiration Date: _____ CPR Type: _____ Expiration Date: _____ | <input type="checkbox"/> Current Riding course within the past three years.<br>(ERC, MRC-RSS, Two-up, ARC, Trailering or Trike for Rider/Co-Rider or Co-Rider Course for <b>Co-Rider only</b> .)<br><b>Rider:</b> Type of Course Taken: _____ Course Expiration Date: _____<br><b>Co-Rider:</b> 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