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: $ _____**

Certified Tour Rider/Co-Rider for at least one year.
Written recommendation from any GWRRA officer.
Has ridden minimum of 25,000 Safe Miles.
Carries a First Aid Kit on the motorcycle.
Rides with proper protective gear.

Rider Safe Miles: _____ **Co-Rider** Safe Miles: _____

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: _____

Current Riding course within the past two years. (ERC, MRC-RSS, Two-up, 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: _____

RENEWAL

Renewal Application is $10 per applicant **Amount Enclosed: $ _____**

Rider Master #_____ Renewal for Year _____ Co-Rider Master #_____ Renewal for Year _____

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: _____

Current Riding course within the past two years. .
(ERC, MRC-RSS, Two-up, 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***

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 July 2002