

N.10 REP Levels Data Update Form



GOLD WING ROAD RIDERS ASSOCIATION, INC.



RIDER EDUCATION PROGRAM LEVELS DATA UPDATE FORM

Date of Update (MM/DD/YY) / /

Submitted by: _____ Membership #: _____
 Region: _____ District: _____ Chapter: _____

Please Update the REP Database Records as Follows:

(Check the appropriate field you want to change and enter the information)

<input type="checkbox"/> Update Rider Information Rider: _____ Current/New Membership #: _____ Old #: _____	<input type="checkbox"/> Update Co-Rider Information Co-Rider: _____ Current/New Membership #: _____ Old #: _____
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Change of Address

Address: _____ City: _____
 State or Province: _____ Zip or Postal Code: _____

Change of Chapter/District/Region Designation

Region: _____ District: _____ Chapter: _____

<input type="checkbox"/> Update Rider Level Starting Date Date current level was achieved / /	<input type="checkbox"/> Update Co-Rider Level Starting Date Date current level was achieved / /
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<input type="checkbox"/> Update Rider Safe Miles Safe Miles: _____ (5K mile increments)	<input type="checkbox"/> Update Co-Rider Safe Miles Safe Miles: _____ (5K mile increments)
<input type="checkbox"/> Safe Miles Pin/Rocker(s) needed (\$2.00 USD per Pin/Rocker)	
Total Pin/Rocker Cost \$	

<input type="checkbox"/> Update Rider High Mileage (miles or km) High Miles: _____ (50K increments)	<input type="checkbox"/> Update Co-Rider High Mileage (miles or km) High Miles: _____ (50K increments)
<input type="checkbox"/> High Mileage Pin/Rocker(s) needed (\$2.00 USD per Pin/Rocker)	
Total Pin/Rocker Cost \$	

<input type="checkbox"/> Update of Rider Level Requirements Indicate Level You Are Updating Your Requirements For <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <u>Approved Rider Course:</u> Type _____ Exp. Date: / / e: _____ <u>CPR or First Aid Provider:</u> CPR Provider: _____ Exp. Date: / / First Aid Provider: _____ Exp. Date: / / <input type="checkbox"/> Motorist Awareness Seminar Date: / /	<input type="checkbox"/> Update of Co-Rider Level Requirements Indicate Level You Are Updating Your Requirements For <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <u>Approved Rider Course or Co-Rider Seminar</u> Type _____ Exp. Date: / / : _____ <u>CPR or First Aid Provider:</u> CPR Provider: _____ Exp. Date: / / First Aid Provider: _____ Exp. Date: / / <input type="checkbox"/> Motorist Awareness Seminar Date: / /
(\$2.00 USD per Year Pin/Hanger for all Pins and Hangers Listed)	
Total Pin/Hanger Cost \$	

Other (list): _____

Mail form to:

Chuck Jacobs, 3821 S. Leonard Springs Dr., Bloomington, IN. 47403 -or- Email to: in-d-re@bluemarble.net

Revised February 2013