

N.7 Rider Education Program Levels Application (Level I – III)



GOLD WING ROAD RIDERS ASSOCIATION, INC.



RIDER EDUCATION PROGRAM LEVELS PROGRAM APPLICATION (LEVEL I-III)

Date of Application MM/DD/YY / /

Rider: _____	Membership #: _____	Region: _____
Co-Rider: _____	Membership #: _____	District: _____ Chapter: _____
Address: _____	City: _____	State/Prov: _____ Zip/Postal Code: _____
Validation Officer Name: _____	Title: _____	Date: / /

Participants are STRONGLY URGED to wear proper riding gear while riding!

LEVEL I - SAFETY BY COMMITMENT - SAFE RIDER/CO-RIDER

This program is a commitment to safe riding. Submit the completed form to your Chapter or District Educator. Patches are available at **\$6.00 (\$7.00 for B/G) FOR EACH PARTICIPANT**. With your purchase you will receive ONE SAFE MILES PATCH, either a RIDER or CO-RIDER ROCKER and a Safe Miles pin if applicable.

<input type="checkbox"/> Please enroll Rider in Level I. <input type="checkbox"/> Rider Patch and Pin request <input type="checkbox"/> Co-Rider Patch and Pin request	<input type="checkbox"/> Please enroll Co-Rider in Level I. <input type="checkbox"/> Rider: Safe Miles pin needed: _____ <input type="checkbox"/> Co-Rider: Safe Miles pin needed: _____
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LEVEL II - SAFETY BY EDUCATION – TOUR RIDER/CO-RIDER EDUCATION

Any GWRRA Operations Officer or Rider Educator can validate the following requirements. Submit the completed form to a validating officer. Then forward the completed form to your Chapter or District Educator. Patches are available at **\$5.00 (\$6.00 for B/G) FOR EACH PARTICIPANT**. With your purchase you will receive either a Rider or Co-Rider triangle patch.

TOUR RIDER

 Enrolled in Safe Rider Program (Level I)
 I have 5000 Safe Miles (8,100 km)!
 M/C License or Endorsement (if required)
 Approved Rider Course within 3 years:
 Type of Course Taken: _____ Exp. Date: / /
 Rider Patch request

TOUR CO-RIDER

 Enrolled in Safe Co-Rider Program (Level I)
 I have 5000 Safe Miles (8,100 km)!
 Approved Rider Course or Co-Rider Seminar within 3 years:
 Type of Course Taken: _____ Exp. Date: / /
 Co-Rider Patch request

LEVEL III - SAFETY BY PREPAREDNESS - CERTIFIED TOUR RIDER/CO-RIDER

Any GWRRA Operations Officer or Rider Educator can validate the following requirements. Submit the completed form to a validating officer. Then forward the completed form to your Chapter or District Educator. Patches are available at **\$4.00 (\$5.00 for B/G) FOR EACH PARTICIPANT**. With your purchase you will receive either a TOUR RIDER or CO-RIDER patch.

CERTIFIED TOUR RIDER

 Enrolled in Level 1 and current in Level II
 M/C License or Endorsement (if required)
 Current CPR or FIRST AID Provider:
 CPR Provider: _____ Exp. Date: / /
 First Aid Provider: _____ Exp. Date: / /
 Approved Rider Course within 3 years:
 Type of Course Taken: _____ Exp. Date: / /
 Motorist Awareness Seminar Attended: / /
 Carries First Aid Kit on the Bike
 Rider Patch request

CERTIFIED TOUR CO-RIDER

 Enrolled in Level 1 and current in Level II
 Current CPR or FIRST AID Provider:
 CPR Provider: _____ Exp. Date: / /
 First Aid Provider: _____ Exp. Date: / /
 Approved Rider Course or Co-Rider Seminar within 3 years:
 Type of Course Taken: _____ Exp. Date: / /
 Motorist Awareness Seminar Attended: / /
 Co-Rider Patch request

HIGH MILEAGE PROGRAM

To be eligible you must have accumulated 50,000 miles (81,000 km). Have your TOTAL mileage validated by any GWRRA Officer. Submit the completed form to a validating officer. Then forward the completed form along with **\$5.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive the HIGH MILEAGE PIN and the MILEAGE BAR. As you accumulate additional miles, in 50,000-mile (81,000 km) increments, you can receive additional hanger bars for \$2.00 each by submitting the update form to your Chapter or District Educator.

<input type="checkbox"/> First High Mileage Application <input type="checkbox"/> Rider _____ Miles <input type="checkbox"/> Co-Rider _____ Miles	MILEAGE VERIFICATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Bike</th> <th style="width:20%;">Year</th> <th style="width:20%;">Mileage</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Bike	Year	Mileage						
Bike	Year	Mileage								

SUMMARY

Fees are only applicable if patches/pins are requested or applying for the High Mileage Program

Total Fees: _____ Date: / / Pins/Patches Issued By: _____
 (Only sign if pins or patches were issued)

Patches Issued R/W B/G (B/G add \$1.00 per patch level)

Mail form to: Mail to: Chuck Jacobs, 3821 S. Leonard Springs Rd, Bloomington, IN. 47403

E-mail Address: in-d-re@bluemarble.net