

N.10 REP Levels Data Update Form



GOLD WING ROAD RIDERS ASSOCIATION, INC.



RIDER EDUCATION PROGRAM LEVELS DATA UPDATE FORM

Date of Update / /

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 #: _____ |
|--|--|

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 / / |
|---|--|

| | |
|---|---|
| <input type="checkbox"/> Update Rider Safe Miles Safe Miles: _____ (5K mile increments) <input type="checkbox"/> Safe Miles Pin/Rocker(s) needed (\$2.00 USD/\$3.25 CDN per Pin/Rocker) | <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/\$3.25 CDN per Pin/Rocker) Total Pin/Rocker Cost \$ |
|---|---|

| | |
|---|---|
| <input type="checkbox"/> Update Rider High Mileage (miles or km) High Miles: _____ (50K increments) <input type="checkbox"/> High Mileage Pin/Rocker(s) needed (\$2.00 USD/\$3.25 CDN per Pin/Rocker) | <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/\$3.25 CDN per Pin/Rocker) Total Pin/Rocker Cost \$ |
|---|---|

| | |
|--|--|
| <input type="checkbox"/> Update of Rider Level Requirements <u>Indicate Level You Are Updating Your Requirements For</u> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <u>Approved Rider Course:</u> Type: _____ Exp. Date: / / <u>CPR or First Aid Provider:</u> CPR Provider: _____ Exp. Date: / / First Aid Provider: _____ Exp. Date: / / <input type="checkbox"/> Level 2 or 3 Year Pin/Hanger Bar needed <input type="checkbox"/> Master Renewal Bar/Year Pin needed (\$2.00 USD/\$3.25 CDN per Year Pin/Hanger for all Pins and Hangers Listed) | <input type="checkbox"/> Update of Co-Rider Level Requirements <u>Indicate Level You Are Updating Your Requirements For</u> <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"/> Level 2 or 3 Year Pin/Hanger Bar needed <input type="checkbox"/> Master Renewal Bar/ Year Pin needed Total Pin/Hanger Cost \$ |
|--|--|

Other (list): _____

Mail form to: Your Respective District Educator