

# N.2 Rider Education Program Officer Change/Appointment Form

## GOLD WING ROAD RIDERS ASSOCIATION, INC.



### RIDER EDUCATION PROGRAM OFFICER CHANGE/APPOINTMENT FORM

Please fill in the information below and send this, and the MOU, to the Home Office for all officers changes *via the Regional Educator.*

Position Appointed to: <input type="checkbox"/> (CE) Chapter Educator <input type="checkbox"/> (ACE) Assistant Chapter Educator <input type="checkbox"/> (DE) District Educator <input type="checkbox"/> (ADE) Assistant District Educator <input type="checkbox"/> (RE) Region Educator <input type="checkbox"/> (ARE) Assistant Region Educator <input type="checkbox"/> (ADRE) Assistant Director- Rider Education	Retiring Officer (Retiring to Active Status)  Name: _____ Membership #: _____ Title: _____
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#### Chapter/District/Region Information

Chapter: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

**Educators should lead by example, wear proper riding gear while riding!**

#### Personal Information

Applicant's Name: _____	Member #: _____	Exp. Date: _____ / _____
Co-applicant's Name: _____	Member #: _____	Exp. Date: _____ / _____
Address: _____		
City: _____	St/Prov: _____	Zip: _____
Phone: _____	Email: _____	

#### Approvals

Appointment Date: _____ / _____ / _____	Effective Date: _____ / _____ / _____
District Educator's Signature	
Region Educator's Signature	
Director- Rider Education Signature	

#### Appointing Officer Use Only

*The following items needs to be completed by the appointing officer. Appointment form and MOU needs to be sent to National and copies should be maintained at the District or Regional office. Please check the box to certify the following information is completed. Incomplete forms will be returned to the Region Educator.*

<input type="checkbox"/> Officer MOU	<input type="checkbox"/> Issued Officer Patches and Wing
<input type="checkbox"/> MOU Membership Information	<input type="checkbox"/> Issued a Certificate of Appointment
<input type="checkbox"/> Knowledge Level	

#### Home office use only

Date Rec'd \_\_\_\_\_

Notes \_\_\_\_\_

Completed form can be electronically sent to [plee@gwrra.org](mailto:plee@gwrra.org)  
 Mail to: GWRRA International Headquarters, 21423 N. 11<sup>th</sup> Ave., Phoenix, AZ ,85027