

Member Info

Chapter FL1-F2

Date

EWMA # _____ Expires ___/___/___

Rider Last _____ First _____ Birth Day ___/___/___

Co Rider _____ Birth Day ___/___/___ Anniversary ___/___/___

Address _____

City _____ Zip _____

Hm. Ph ____-____-____ R Cell ____-____-____ Co Cell ____-____-____

May we publish your Phone #s on the Chapter Roster Yes or No H ____ R ____ C ____

Primary E-Mail _____ Alternate E-Mail _____

Primary Emergency Contact _____ Ph # ____-____-____

Secondary Emergency Contact _____ Ph # ____-____-____

Snow Bird Address _____ City _____ St _____ Zip _____

Please Tell Us a Little Bit About You

Type of Bike(s) You Ride _____

Rider Exp. yrs ____ Tot. Mi ____ Longest Trip _____ From _____ To _____

Co Rider Exp. yrs ____ Tot. Mi ____ Longest Trip _____ From _____ To _____

Originally from _____ How Long _____

Former or current Occupation(s) _____

Other Hobbies/ Interests _____

Anything else you would like to share with Us _____

GWRRA Certification Dates

CPR ___/___/___ First Aid ___/___/___ Road Captain ___/___/___ **What else?**