Gold Wing Road Riders Association

GWRRA Officer Change/Appointment Worksheet

Please fill in the information below and send worksheet to the appropriate Officer.

Supporting documentation is to be kept on file at the District or Region office.

Position Appointed to:						
Chapter Team						
☐ CD	☐ ACD	☐ CT	☐ CE	☐ ACE	☐ CME	
District Team						
☐ DD	☐ ADD	☐ DT	☐ DE	☐ ADE	☐ DME	☐ DLT
Region Team						
☐ RD	☐ ARD	☐ RT	☐ RE	☐ ARE	☐ RME	☐ RLT

Retiring Officer
(Retiring to Active Status)

Name:

Membership #:

Title:

Send Director of GWRRA Letter of Thanks for a Job well done? ☐ Yes ■ No

☐ Other

Chapter/District/Region Information

Chapter: District: Region:

Personal Information Membership #: Exp. Date:

Applicantôs Name:

Co-applicantôs Name:

Address:

City: St/Prov: Zip:

Phone: Email (required):

Approvals (please sign and print name if mailing, printed name only is acceptable if emailing)

Appointment Date: Effective Date:

Appointing Officerôs Signature/Title: /

Appointing Officerôs Signature/Title: /

Appointing Officer Use Only

The following paperwork needs to be filled out, filed and maintained at the District or Regional office. Please check each box to certify the following information is on file and complete. Incomplete forms will be returned to the !LJLJ2lyÚlyƎ hŦŦlÒŜℕ.

Applies to Directors only:

☐ Officer Certification Program (OCP) Completed on: or
OCP Pending: (within 6 month probationary period)

☐ Financial Report/Signature Cards ☐ 8822 IRS Change of Address

☐ Tax payer Identification Number ☐ Officer Oath of Office

Applies to Educators only: ☐ Knowledge Level Evaluation

Applies to all Officers:

☐ Officer MOU (a copy for all Directors and Region/District core Officers is required at the Home Office)

Home office use only

Date Received_____

Date Entered_____

☐ Wing World

☐ Certificate Mailed or verification email sent

☐ Zip Code Updates

Notes_____

TBF

Revised November 2015