Gold Wing Road Riders Association

GWRRA Officer Change/Appointment Worksheet

Please fill in the information below and send worksheet to your Regional Director.

Supporting documentation is to be kept on file at the District/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: _____

Applicant's Name: _____

Co-applicant's 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 Officer's Signature/Title: _____

Concurring Officer's 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 Regional Director.

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 all Officers:

☐ Officer MOU (a copy 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 December 2010

Reset Form