

GWRRA: Chapter Member Information

(The following information is requested as a means of better communicating to you and within, your Chapter and also as a means of better providing the Fun, Friendship and Safety which GWRRA is known for. Completion of this form is at your sole discretion. It is not intended to be used for public sharing, other than within GWRRA, and it's sub charters.)

Member Name: _____ GWRRA Member #: _____

Co-Rider: _____ GWRRA Member #: _____

Address: _____

Address of Co-Rider (If different from Rider): _____

Home Phone: _____ Work Phone: _____

Co-Rider Home Phone: _____ Co-Rider Work Phone: _____

Email Address: _____ WEB Site: _____

Co-Rider Email Address: _____ Co-Rider WEB Site: _____

Birthday (month/day/year): _____

Co-Rider Birthday (month/day/year): _____

Other Dates to remember (anniversary, ...): _____

Other Information (fax, email at work, etc.): _____

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Are you satisfied with the operations of your Chapter? _____

If not, why not? _____

Do you have any suggestions to offer to your Chapter? _____

Do you have any questions which we can answer? _____

If you have any comments to give, but wish to remain anonymous, feel free to make a copy of this form and mail it to either of your Chapter or Assistant Chapter Directors.

Do we have your permission to share this information with other GWRRA members upon request?

Address? _____ Phone #? _____ Email? _____

Chapter Directors: _____ Asst. Directors: _____