

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:							Retiring Officer (Retiring to Active Status)	
Chapter Team							Name: _____	
CD	ACD	CT	CE	ACE	CME	Membership #: _____		
District Team							Title: _____	
DD	ADD	DT	DE	ADE	DME	DLT	Send Director of GWRRA Letter of Thanks for a Job well done? Yes No	
Region Team								
RD	ARD	RT	RE	ARE	RME	RLT		
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	Home office 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.	Date Received _____
startApplies to Directors only:	Date Entered _____
Officer Certification Program (OCP) Completed on: 0 / YYYY or OCP Pending: 0 / YYYY (within 6 month probationary period)	Wing World
Financial Report/ Signature Cards	Certificate Mailed or verification email sent
Tax payer Identification Number	8822 IRS Change of Address
	Officer Oath of Office
Applies to all Officers:	Zip Code Updates
Officer MOU (a copy is required at the Home Office)	Notes _____
	TBF