

ATTACHMENT 2

Resume Forms

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Couple Of The Year Resume

Name _____

Membership # / Expiration Date: _____ / _____

Street Address: _____

City, State Zip: _____

Name _____

Membership # / Expiration Date: _____ / _____

Street Address: _____

City, State Zip: _____

Chapter _____ District _____ Region _____

(PHOTOGRAPH)

Form #8

C.O.Y. Guidelines - Revised: January 1, 2005



GWRRA COUPLE OF THE YEAR

(Type or Print Legibly)

Page 1

I wish to nominate the following candidates for consideration as a GWRRA Couple of the Year. A copy of this form will be submitted to the Chapter Director no later than January 15.

CANDIDATE'S INFORMATION

MALE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CHAPTER DESIGNATION: _____

GWRRA INDIVIDUAL OR FAMILY MEMBER NUMBER: _____

EXPIRATION DATE: _____ JOIN DATE: _____

FEMALE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CHAPTER DESIGNATION: _____

GWRRA INDIVIDUAL OR FAMILY MEMBER NUMBER: _____

EXPIRATION DATE: _____ JOIN DATE: _____

GWRRA AFFILIATION

PART I – To be completed and signed by the candidates.

1. We are aware we have been nominated for Couple of the Year. We agree to give GWRRA full publicity and cooperation if selected as finalists at any level (Chapter, District, Regional, International) of the program
2. If selected as a finalist in Chapter competition, we wish do NOT wish to compete for District Couple of the Year. If competing for District Couple of the Year, we agree to attend the District event where District selection takes place.
3. If selected as District Couple of the Year, we agree to attend the Regional event where Regional selection takes place.
4. If selected as Regional Couple of the Year, we agree to attend Wing Ding where the International selection takes place.
5. We have participated in the following GWRRA activities:
 - a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____
 - f) _____
 - g) _____
 - h) _____
 - i) _____
 - j) _____

Signed by male candidate: _____ Date: _____

Typed or printed name of male candidate: _____

Signed by female candidate: _____ Date: _____

Typed or printed name of female candidate: _____

PART II – To be completed and signed by the candidates' Chapter or Assistant Chapter Director.

I certify that the above named individuals are participants of Chapter _____
(include City, District)

Signed: _____ Date: _____
(Chapter Director or Assistant Chapter Director)

1. Brief Personal Background

2. GWRRA Involvement (e.g., positions held) (list chronologically)

3. GWRRA Participation (e.g., Chapter activities, rallies, parades, etc.) (list chronologically)

4. Rider Education Involvement (e.g., courses/seminars taken, GWRRA Rider Education Program level attained, etc.)

5. Why We Want to Be the (Chapter/District/Region/International, as appropriate) Couple of the Year

(Signed by both)

Form #13

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