

# GWRRA MEMBERSHIP APPLICATION

New  Renew Member No: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_  
Last First

Co-Rider Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  USA  Canada  Other: \_\_\_\_\_  
City State Zip

Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Gold Book™ Directory Information (must check at least one):

A)  Truck/Trailer B)  Phone Calls Only C)  Tent Space D)  Lodging E)  Tools F)  Tour Guide  Do Not list me in the *Gold Book*

### GWRRA

21423 North 11 Avenue  
Phoenix AZ 85027  
800-843-9460  
(623) 581-2500  
(877) 348-9416 Fax  
www.gwrra.org  
www.rescueplus.org



### Member Type (Select One)

#### Individual Membership

3 yrs \$120 USD  2 yrs \$85 USD  1 yr \$45 USD

#### Family Membership (2 or more people in household)

3 yrs \$150 USD  2 yrs \$105 USD  1 yr \$55 USD

#### Associate Individual\*

3 yrs \$120 USD  2 yrs \$85 USD  1 yr \$45 USD

#### Associate Family\*

3 yrs \$150 USD  2 yrs \$105 USD  1 yr \$55 USD

#### Subscription Only (*Wing World™ Magazine*) 1 yr \$40

\*The Associate Membership is for those who wish to take advantage of GWRRA and its benefits and do not own a Gold Wing or Valkyrie.

**Yes! I want Rescue Plus for just \$35 per year.**  
(Non-Members \$80)

**Rescue Plus** offers enhanced benefits and covers all registered drivers in your household while driving or riding in any non-commercial vehicle or motorcycle. **Rescue Plus** also covers your motorcycle trailer. Certain limitations and exclusions apply to coverage. All individuals must be registered with GWRRA to receive a membership card and coverage. Members of GWRRA must have a Family Membership to cover multiple drivers.

**Exclude me from email offers.**

**Exclude me from mailings.**

New Members—Who referred you to us? Name: \_\_\_\_\_ Member # \_\_\_\_\_

Where did you hear about GWRRA? (Example: magazine, website, mc dealer, etc.) \_\_\_\_\_

### Payment Information

**Make checks payable in US Funds to GWRRA.** GWRRA dues are not deductible as a charitable contribution for federal tax purposes.

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_