

Individual of the Year Requirements

The Individual of the Year Program is intended to honor members that do not qualify for the Couple of the Year Program. Many individuals contribute a great deal to their chapter and GWRRA as a whole. This program gives chapters a way to acknowledge these individual members.

The following conditions must be complied with for an individual to be selected as a Individual of the Year.

1. The Individual of the Year must be a member in good standing in the Gold Wing Road Riders Association.
2. The Individual of the Year's spouse or significant other can be a member of GWRRA... **BUT**, the spouse or significant other **can not** be an actively participating member of the chapter.
3. The Individual can not qualify for nomination in the Couple of the Year Program.
4. Associate members can participate in the Individual Of the Year program

GWRRA Individual of the Year Nomination Form

Individual of the Year Nomination Form

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

Candidate's Information

Name:

Address:

City, State, Zip

Telephone: ()

Email:

Chapter designation:

GWRRA number:

Expiration date:

Join date:

GWRRA IOY AFFILIATION

Part I: To be completed and signed by the candidate.

1. I am aware I have been nominated for the Individual of the year. I agree to give GWRRA full publicity and cooperation if selected as finalists at any level (Chapter, District, Region) of the program.
2. If selected as a finalist in Chapter competition, I wish ____ / do not wish ____ to compete for Region / District Chapter Member of the Year. If competing for Region / District Individual of the Year, I agree to attend the Region / District event where Region / District selection takes place.
3. I have participated in the following GWRRA activities:
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
 - h.
 - i.
 - j.

Signed: _____ Date: _____

Type or print name of candidate:

Signed by candidate: _____ Date: _____

Part II- to be completed and signed by candidate's Chapter or Assistant Director / District or Assistant District Director

I certify that the above named individual is a participant of
Chapter: (include city and District):

Signed: _____ Date: _____
(Indicate CD, ACD, DD, ADD)

IOY Nominator's Comments

Name of Nominator:

Chapter Name (include City, District):

Comments:

Individual of the Year Resume

Name:

GWRRA #:

Year Expires:

Address:

City:

State:

Zip:

Chapter:

District:

Region:

Insert Photograph here:

Individual of the Year Resume (cont.)

(Answer the following - exceed two pages)

1. Brief Personal Background:
2. GWRRA involvement (e.g., positions held, chronologically):
3. GWRRA participation (e.g., chapter activities, rallies, parades, etc.—chronologically)
4. Rider Education Involvement (e.g., courses/seminars taken, GWRRA Rider Education Program level attained, etc.)
5. Why I want to be the (Chapter/District/Region, as appropriate) Individual of the Year

Signed: _____