



## GWRRA TEXAS CHAPTER X-2 New Participant Information



After filling in your information, [click here](#) and follow instructions to submit your completed form via email. Please note the red fields are required to allow the form to be submitted. You may also print the form and bring it to our next meeting.

**Today's Date**

**GWRRA Membership #**

**GWRRA Associate Membership #**

**Expiration Date**

**Expiration Date**

**Rider's Name**

**Home Phone #**

**Co-rider's Name**

**His Work #**

**His Cell #**

**His Birth Date**

**Her Work #**

**Her Cell #**

**Her Birth Date**

**Anniversary Date**

**Main Email Address**

**Other Email Addresses**

**Other Family Members**

**Mailing Address**

**City**

**State**

**Zip**

**Rider Education Level: I II III IV Road Captain: Yes No**

**Years Riding**

**Safe Miles**

**High Miles**

**CPR Current: Yes No**

**First Aid Current: Yes No**

**List Rider Courses Taken:**

**Favorite Ride**

**Worst Ride**

**Longest Ride**

**Desirable Ride Destinations:**

**Favorite Restaurants:**

**Other Hobbies/talents/interests:**

**Please give us a brief history of your family:**

**Please give us an example of your riding style:**

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**Please choose one of the following:**

**It is OK to use this information within directories and communications for Chapter X2 participant.  
Please do not disclose our information beyond X2 Staff members.**

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***Thank you for choosing TX- X2  
as your GWRRA Chapter***