

# GWRRA COUPLE OF THE YEAR RESUME

(This form is a fillable PDF; entries must be typed)

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## PART I - CANDIDATES' INFORMATION

*(This page may be updated as candidates move through the various levels – District / International)*

**Names:** \_\_\_\_\_

Chapter Designation: \_\_\_\_\_ District: \_\_\_\_\_ Territory: \_\_\_\_\_

**Male** - Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

GWRRA Member Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Join Date: \_\_\_\_\_

**Female** - Address (complete only if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

GWRRA Member Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Join Date: \_\_\_\_\_

**Attach a PHOTOGRAPH and a copy of MEMBERSHIP CARDS**

**(May attach on a separate page on the back of the Resume)**

## PART II - CERTIFICATIONS

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*(This page remains with the resume and is filled in as candidates pass through the various levels.)*

Typed or printed name of male candidate: \_\_\_\_\_

Signed by male candidate: \_\_\_\_\_ Date \_\_\_\_\_

Typed or printed name of female candidate: \_\_\_\_\_

Signed by female candidate: \_\_\_\_\_ Date \_\_\_\_\_

**1) 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 Letter Designation, City, District)

and have been named Chapter Couple of the Year for \_\_\_\_\_. Further, I verify  
(month/year to month/year)  
that information on the resume is true to the best of my knowledge.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**2) If selected as District Couple of the Year, to be completed and signed by the candidates' District or Assistant District Director, for submission to Membership Enhancement Program Assistant Directors.**

I certify that the above-named individuals have been selected \_\_\_\_\_ District Couple of the  
(Name of District)  
Year for the period of \_\_\_\_\_. Further, I verify that information on the  
(month/year to month/year).  
resume is true to the best of my knowledge.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

### Part III - NOMINATOR'S COMMENTS

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*(This page, **the original nominator's comments**, remains with the resume as the candidates move through the various levels. It is to be completed by the Chapter Director or Assistant Chapter Director when the Couple makes the decision to commit and participate in the District Couple of the Year Selection.)*

NAME OF NOMINATOR: \_\_\_\_\_

POSITION: \_\_\_\_\_

CHAPTER NAME (Include Designation/City/District): \_\_\_\_\_

COMMENTS:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



3. Membership Enhancement involvement (e.g. courses/modules taken or presented with title, recruiting efforts, member retention activities, public relations activities, promotion of GWRRA outside the organization, etc.) Note: Only list modules/activities completed within the preceding five (5) years. Please indicate year and month for each.

\_\_\_\_\_ Members recruited (no date limitation)

4. Rider Education (please identify your Rider Education Level next to the appropriate box and then list any other relative Rider Education involvement, e.g. courses/seminars taken or presented with title, positions held, etc.) Note: Only list courses/modules completed within the preceding five (5) years. Please indicate year and month for each.

Rider Ed Levels: Male \_\_\_\_\_ Master # \_\_\_\_\_ (if applicable)  
Female \_\_\_\_\_ Master # \_\_\_\_\_ (if applicable)

5. University Classes or ITCP Modules (*please list the number of courses taken/presented.*)  
Note: Only list courses completed within the preceding five (5) years. Please indicate year and month for each.

University Seminars or ITCP Classes taken/presented:                      Male\_\_\_\_\_                      Female\_\_\_\_\_

6. Why we want to be the District/International Couple of the Year:

**We have read and understand the ICOY Handbook (Revised 09/2019).**

\_\_\_\_\_  
Signature (Male)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Female)