



LEAVE OF ABSENCE

I (We) _____ # _____ will be taking a leave
of absence effective _____ until _____.

(THE MINIMUM TIME FOR A LEAVE OF ABSENCE IS 3 MONTHS)

I understand that the leave of absence service charge of \$10.00 per month will be
billed in advance for the pre-determined amount of time I have indicated above.

My locker fees will also be billed at this time. There will be a processing fee of
\$15.00 to initiate leave of absence. When my leave of absence expires, I will
resume paying regular monthly dues. I understand that if during my leave of
absence I use the Club, I will pay the current guest fee.

SIGNED: _____ DATE: _____

FORWARDING ADDRESS: _____

REASON FOR LEAVE OF ABSENCE: _____