



**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.

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

FORWARDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVE OF ABSENCE: \_\_\_\_\_

\_\_\_\_\_