



PLEASE	PRINT
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Full Name:	
Beginning Date:	Return Date:
*Temporary Preferred Phone D W DH D C	*Temporary Preferred E-mail - Work or Personal 🛛 W 🗅 P
*If other than what we currently have.	*If other than what we currently have.
*Temporary Preferred Mailing Address: *If other than what we currently have.	
*If other than what we currently have. Please provide your reasons for your Leave of Absence request.	
Member's Signature (acknowledges below LOA requiremen	ts) Date
Rotary Club of Sunriver by-laws for Leave of Absence (LOA) Article 11 Leave of Absence Upon written application to the board, setting forth good and sufficient cause, a member may be granted a leave of absence, excusing the member from attending the meetings of the club for a specified length of time. (Minimum 2 months Maximum 12 months) The member is still required to pay the current "Quarterly Dues" and any "Special Assessments" during their leave of absence. Failure to pay within 90 days of billing will result in removal from membership. A member on LOA may attend club meeting(s) paying the meal charge for meetings attended. An approved leave of absence is allowed to prevent forfeiture of membership. A member's absence is not counted against club attendance records.	
BOARD ACTION DATES	
Date Request Received:	Date Reviewed by Board :
Member Notified of Decision: Approved: Declined Date :	