



Port Bouvard Pistol &  
Small Bore Rifle Club Inc.  
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## **MEMBERS LEAVE OF ABSENCE**

(PLEASE PRINT CLEARLY)

SURNAME..... GIVEN NAMES.....

I will be taking leave of absence:

From: Date ..... Month ..... Year .....

Return: Date ..... Month ..... Year .....

NOTE: Should any of the above change please inform the Club Secretary by email [portbouvardpc@hotmail.com](mailto:portbouvardpc@hotmail.com) or mail to the address below.

### **PLEASE RETURN THIS FORM TO:**

THE CLUB SECRETARY  
PO BOX 363  
MANDURAH WA 6210

Other Comments:

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