



MEMBER'S LEAVE OF ABSENCE

(PLEASE PRINT CLEARLY)

FULL NAME: _____

I will be taking leave of absence :

From: Date _____ Month _____ Year _____

Return: Date _____ Month _____ Year _____

Please give this form to the Secretary by Email – secretary@portbouvardpc.com.au
or Post to:

The Secretary
PO Box 363
Mandurah
WA 6210

Other Comments:
