



**Application for Leave Of Absence**

**Mail:** P.O. Box 81, Victoria  
 Phone: 9716 2066 Fax: 9716 1416  
 Email: golfclubwhit@bigpond.com  
 Website: <http://www.whittleseagolfclub.com.au>  
 Address: 160 Humevale Road, Humevale  
 ABN 62 004 570 852

Surname			Given Names		
Address					
Suburb					
Postcode		DOB		Month to commence	
Email			Total months required (1 to 6)		
Mobile			Statutory Declaration attached	YES	NO
Home Phone			Medical Certificate attached	YES	NO
Business Phone			I wish the Board to consider a period longer than 6 months	YES	NO

Conditions:

1. Is a period of time when the financial member's rights are suspended but become fully restored at the conclusion of the absence period
2. This period will be from one month to a maximum of six months in calendar month blocks. Under exceptional circumstances the Board may consider a longer period up to twelve months.
3. LOA is normally applied for by a member when illness, injury or un-foreseen circumstances prevents the member from enjoying the privileges of membership.
4. A medical Certificate must be provided for medical conditions and a Statutory Declaration for all other matters stating the member is unable to play for a defined period must be provided.
5. The period of LOA creates an annual fee credit, the equivalent in financial value to the months taken, will be applied in the following annual billing period.
6. Must be applied for on the appropriate form.

I apply for Leave of Absence from Whittlesea Golf Club. I have provided either a Medical Certificate or Statutory Declaration explaining I am unable to enjoy the privileges of membership for the stipulated period. I agree by signing this application I accept WGC conditions.

Applicant Signature \_\_\_\_\_ Date **20** \_\_\_\_\_

Office Use Only					
Date leave period approved			20	Medical Certificate	YES / NO
Monthly Credit	\$			Statutory Declaration	YES / NO
<b>Total Credit</b>	<b>\$</b>				
Date Commenced	20	Date to Conclude	20	Number of months	
A period greater than 6 months approved by Board			YES / NO	Date approved	20
Processed by			Signature		
Notes	<p>Designated office personnel may approve applications of <u>Leave of Absence</u> for Medical reasons up to 6 months with a Medical Certificate. Any extensions must be approved at Board level. Calculate in calendar months from the first day of the month following the application date. Applications must be on the appropriate form.</p>				