

To: Membership Officer

**ENGADINE CENTRAL PROBUS CLUB INC**

**REQUEST FOR LEAVE OF ABSENCE**

**SURNAME**

**FIRST NAMES**

**ADDRESS**

**I will miss the following Monthly meetings:**

**REASON (e.g. Travel; Illness)**

**EMAIL**

**SIGNATURE**

**DATE**

Email the completed form to the Membership Officer at [ecpcmemb@gmail.com](mailto:ecpcmemb@gmail.com) at least 3 weeks before the relevant date(s). This will enable the Committee to ratify the request at the next monthly committee meeting.