

MEMBERSHIP FEES

Leave of Absence

Regular Membership: \$15
Senior Membership: \$ 8
Your account must remain current during your LOA period.

Upgrade Account

Upgrade fees vary depending upon your membership type. Please see a Member Services Representative to verify upgrade fees.

Downgrade Account

Monthly fees will be adjusted due to a downgrade based on the membership type (ie. family to couple, couple to single). Please see a Member Services Representative to verify your new monthly dues.



Airport Health Club

432 Aviation Blvd
Santa Rosa, CA 95403

Phone: (707) 528-2582

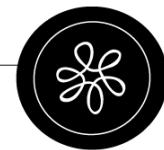
Fax: (707) 528-7543

Email: memberservices@airportclub.com

Website: www.airportclub.com

LEAVE OF ABSENCE

Requesting Leave or
Returning from Leave



Airport Health Club

www.airportclub.com

LEAVE OF ABSENCE –REQUEST/RETURN

You may put your membership on Leave of Absence for a period of not less than one month, not more than 6 months. Reasons for Leave of Absence include work-related or medical conditions, vacation or special circumstances approved by management.

In order for a Leave of Absence to be approved, a written request must be received by the last business day of the previous month. There is a monthly fee for LOA dues. The fee is noted on the reverse side of this brochure.

If "LOA" status is not officially approved by the last business day of the month, you are responsible for the following month's regular dues. (There are no "retroactive" adjustments). Members relinquish all privileges while on LOA. You are responsible for maintaining a current balance on your club account during the LOA period.

If you have a couple or family membership, and only one of you wish to go on LOA, you downgrade your membership. Please see form for Upgrades/Downgrades.

Staff Use Only

Current Status _____

New Status _____

Charge Account \$ _____

Credit Account \$ _____

LEAVE OF ABSENCE REQUESTS MUST BE RECEIVED BY THE LAST BUSINESS DAY OF THE PRECEDING MONTH IN ORDER TO BE EFFECTIVE.

NAME _____ MEMBER # _____

ADDRESS _____

CITY _____ ZIP CODE _____ BIRTHDATE _____

DAY PHONE _____ EMAIL _____

WHAT IS THE BEST WAY TO REACH YOU WITH QUESTIONS AND TO PROVIDE CONFIRMATION OF YOUR REQUEST? _____

LOA REQUEST — PLEASE COMPLETE BELOW:

LEAVE OF ABSENCE REQUEST DATE _____

ANTICIPATED DATE OF RETURN _____

(YOU WILL NOT BE "AUTOMATICALLY" RETURNED FROM LOA, YOU MUST NOTIFY MEMBER SERVICES WHEN YOU RETURN IN ORDER TO USE THE CLUB.)

REASON FOR LOA REQUEST: _____

PLEASE CONFIRM THAT YOUR CLUB ACCOUNT BALANCE IS CURRENT AND MUST REMAIN SO DURING THE DURATION OF YOUR LOA. YOUR ACCOUNT WILL BE CHARGED THE LOA MONTHLY FEE DURING YOUR LEAVE.

SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____

RETURN FROM LOA REQUEST—PLEASE COMPLETE BELOW:

DATE OF RETURN: _____

I UNDERSTAND THAT I WILL BE BILLED PRORATED DUES TO REFLECT MY RETURN FROM LOA.

SIGNATURE: _____ DATE _____