

REQUEST LEAVE OF ABSENCE FROM IAABO BD. #38

**THIS APPLICATION MUST BE COMPLETED, SIGNED AND SENT TO
SECRETARY/TREASURER, BILL RYAN**

Name _____

Street _____

City, State, Zip Code _____

Home ph.# _____

Cell ph. # _____

e-mail _____

Dues paid to date (Y/N) _____

Current Board status (candidate, provisional, active) _____

Date to start leave of absence _____

Anticipated return date _____

Reason for leave of absence _____

**Note: All unpaid dues and assessments shall be due if and when official is reinstated from leave of absence status.
This application is subject to approval of the executive committee of IAABO Board # 38.**

I accept the terms and conditions of this application.

Print name _____ **Signature** _____ **Date** _____