

La Grande Country Club

Medical Leave Application Form

Medical Leave Policy: If a member cannot play golf due to a physical injury or limitation, they may convert their golf membership to a temporary social membership for a maximum of six (6) months, with a review at three (3) months. Upon notification from the member that they can resume playing golf, they shall return to a full membership. If they resume playing golf without notifying the Club, they will automatically be reverted to a full golf membership.

I hereby apply for Medical Leave. Upon approval, my Golf Membership will be converted to a social membership (Single or Family, depending upon original Golf membership). Changes made to membership will apply to the next billing cycle. I agree to pay the dues for said membership. Cart Shed dues will continue to be billed if applicable. Charges incurred in the Golf Shop or Restaurant/Bar or any balances on account will need to be paid monthly in accordance with LGCC Policy.

Membership will revert to original Golf Membership upon the termination of Medical Leave, or six (6) months.

Name: _____

Reason for Medical Leave: _____

Dates Requested: _____

Signature: _____ **Date:** _____

Approval By: _____

Signature: _____ **Date:** _____

FOR LGCC USE

Medical Leave Terminated (Date): _____

Return to Original Membership (Date): _____

Special Circumstances: _____

