Principality of Avacal

REQUEST FOR ONE YEAR EXTENSION

Send this form with *proof of membership* to:
Original: Kingdom Officer
Copy: Principality Officer
Copy: Branch Seneschal/Branch Officer Files
For contact information, see the Crier.

OFFICER APPLYING FOR ONE YEAR EXTENSION

MODERN NAME OF APPLICANT	SCA NAME NAME OF APPLICANT	MEMBERSHIP #

NAME OF OFFICE	BRANCH NAME	EXPIRY DATE OF MEMBERSHIP

FULL MAILING ADDRESS OF APPLICANT (INCLUDE ZIP / POSTAL CODE)		

HOME PHONE (INCLUDE AREA CODE)	DAY PHONE (INCLUDE AREA CODE)	EMAIL ADDRESS

I, the applicant, hereby apply for a one-year extension in my current office. Upon resignation, termination, or completion of my final term, I agree to return all property belonging to the SCA which is in my possession now or that I may obtain during my term.

SIGNATURE	DATE SIGNED

OFFICER ENDORSEMENT

We, the undersigned officers of the above-named branch, have been informed of this request for this one year extension and agree to continue to work with this officer.

NAME	OFFICE / BARONAGE	DATE

This form can be filled in on-screen and printed.
Note: Print at 100%. Do not use "Fit to Page".

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