



KINGDOM OF AN TIR

NEW BRANCH APPLICATION

PROPOSED BRANCH NAME (SUBJECT TO APPROVAL)		PROPOSED BRANCH TYPE <input type="checkbox"/> SHIRE <input type="checkbox"/> CANTON <input type="checkbox"/> RIDING <input type="checkbox"/> COLLEGE <input type="checkbox"/> PORT	
DATE NAME WAS SENT TO COLLEGE OF HERALDS		APPROXIMATE DATE OF FIRST ORGANIZATIONAL MEETING	
LOCATION (ATTACH A MAP, AND, IN US: LIST COUNTY, TOWNS AND ZIP CODES; IN CANADA, GIVE DETAILED ACCOUNT OF TERRITORIAL BORDER)			

POPULATION

SUBSCRIBERS (SUSTAINING, CONTRIBUTING, OR PATRON MEMBERS OF THE SCA)	ASSOCIATE OR FAMILY MEMBERS OF THE SCA	OTHER PEOPLE ATTENDING MEETINGS
--	--	---------------------------------

Note: You must have at least five (5) subscribers, and some Kingdoms require more. There are no formal requirements for additional population, but most Kingdoms will insist that you have more than the bare minimum number of people active.

SENESCHAL (Required; must be of legal age to sign contracts in home state or province)

SOCIETY NAME		LEGAL NAME	
ADDRESS		EMAIL ADDRESS	PHONE (AREA CODE & PHONE #)

EXCHEQUER (Required)

SOCIETY NAME		LEGAL NAME	
ADDRESS		EMAIL ADDRESS	PHONE (AREA CODE & PHONE #)

MARSHALL OR ARTS & SCIENCES (You must have either a Marshal, if there are any fighters in the group, or a Minister of Arts & Sciences)

SOCIETY NAME		LEGAL NAME	
ADDRESS		EMAIL ADDRESS	PHONE (AREA CODE & PHONE #)

If you have any other officers (none are required, but you may fill whatever positions you have members interested in) please list them in the space below, and on the back of this form if necessary.

If you are in territory claimed by another branch, you must attach a letter from that branch Seneschal indicating their agreement with your proposal. If they do not agree, the Kingdom Seneschal will help negotiate, but not guarantee any particular outcome.

I do, as acting seneschal of the proposed branch here described, certify by my signature below that this form is true and complete to the best of my knowledge.

SIGNATURE (LEGAL)	SIGNATURE (SCA)	DATE
-------------------	-----------------	------

OTHER OFFICER:

SOCIETY NAME		LEGAL NAME	
ADDRESS		EMAIL ADDRESS	PHONE (AREA CODE & PHONE #)