Principality of Avacal

JOB ACCEPTANCE/ CHANGE OF OFFICER

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 website at www.antir.sca.org/Offices/index.php

OFFICER RESIGNATION (to be filled out by resigning officer)

MODERN NAME OF RESIGNING OFFICER	SCA NAME NAME OF RESIGNING OFFICER	MEMBERSHIP #
NAME OF OFFICE	BRANCH NAME	DATE RESIGNATION TAKES EFFECT
EMAIL ADDRESS OF RESIGNING OFFICER	RECOMMENDED SUCCESSOR	

OFFICER APPLICATION (to be filled out by applicant for the office)

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, here state that I have read the job description for this office, know my duties as described, and agree to carry them out to the best of my ability. 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 change of office and agree to work with the new officer.

NAME	OFFICE / BARONAGE	DATE

SAVE PRINT RESET