KINGDOM OF AN TIR

REQUEST FOR ONE YEAR EXTENSION

Return this form with *proof of membership* to the Kingdom Officer in charge of your office. See the Curia listing in *The Crier* for contact information.

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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