

Application for Office Kingdom of Ansteorra

Date: _____

Legal Name: _____

Address: _____

Phone: (_____) _____

SCA Name: _____

Titles (if any): _____

SCA Group and Region: _____

Group's City and State: _____

Have you included proof of membership?: Yes No Expiration Date: _____

Membership #: _____

Position being applied for: _____

Previous Positions held: _____

(Attach a list of qualifications and skills you have for the position being applied for and why you want the position).

Signature: _____

Date: _____