



Application for Office Kingdom of Ansteorra

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email Address: _____

SCA Name: _____

Titles (if any): _____

SCA Group and Region: _____

Group's City: _____ Group's State: _____

Membership Number: _____ Expiration Date: _____

Membership type: Sustaining International Associate Family

If Associate, please provide proof of residence with someone receiving The Black Star (i.e. copy of the mailing label).

Have you included a copy of your membership card? Yes No

Position being applied for: _____

Previous positions held: _____

Signature: _____ Date: _____



Application for Office Kingdom of Ansteorra

Please include any pertinent qualifications or skills that you feel would benefit in your appointment to this position.