Application for Office
Kingdom of Ansteorra

Legal Name: ____________________________________________________________

Address: ______________________________________________________________

City: ______________________________________ State: _____ Zip: ______________

Phone: (_____) __________ Email Address: ________________________________

SCA Name: _____________________________________________________________

Titles (if any): __________________________________________________________

Membership Number:__________________________ Expiration Date: ___________

Membership type: ☐ Sustaining ☐ International ☐ Associate ☐ Family

If Associate, please provide proof of residence with someone receiving The Black Star.

You MUST include proof of membership with this application or it will be considered incomplete.

If applying for an Exchequer position, please provide a copy of a current government issued photo
identification with any identifying numbers redacted.

SCA Group:________________________________________________________________ Region: _______________________

Group’s City:______________________________ Group’s State: __________________

Position being applied for: ___________________________________________________

Previous positions held: _____________________________________________________

________________________________________________________________________

________________________________________________________________________

Current positions held (and when your term is scheduled to expire):
________________________________________________________________________

________________________________________________________________________

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Form Date: 05/25/2016
Please include any pertinent qualifications or skills that you believe qualify you for this position. A resume/CV may be submitted in lieu of completing this section.

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Signature: ________________________________    Date: _______________