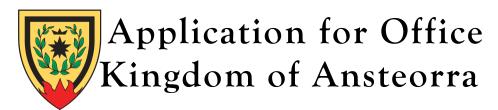


Legal Name:	
Address:	
City:	State: Zip:
Phone: () Email Address: _	
SCA Name:	
Titles (if any):	
Membership Number:	Expiration Date:
Membership type:   Sustaining International	•
You MUST include proof of membership with this applies If applying for an Exchequer position, please provide a condentification with any identifying numbers reducted.	1
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	l to expire):

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