Midrealm Resignation and Change of Office Form

Please print legibly to avoid typographical errors.

Outgoing Officer

SCA Name & Title: _____

Modern Name: _____

Phone Number: _____

Email Address: _____

I intend to resign as _____

(office) of the SCA branch called _____

_____ located in _____

I understand that it is my duty to transfer all of the files

and property of the office to my successor promptly.

My resignation will take effect _____ (date).

Signed: _____ Date: _____

We, the undersigned, officers of _____

have been informed of this proposed officer change in our

branch.

Other Branch Officers

Name: _____

Office: _____

Date: _____

Name: _____

Office: _____

Date: _____

Name: _____

Office: _____

Date: _____

Baron/ess, if applicable

Signed: _____

Date: _____

Acting Officer

SCA Name & Title: _____

Modern Name: _____

Address: _____

Phone Number: _____

Fax Number (if available): _____

Email Address: _____

Membership Number: _____ Expiration Date: ____

I agree to serve as _____ (office)

of the SCA branch called _____

located in _____.

I understand that it is my first duty to notify my Regional and Kingdom Officers. I understand that I will function as an acting officer until the appropriate Kingdom Officer and the Crown of the Middle Kingdom warrant me. I am a sustaining member in good standing of the Society for Creative Anachronism, Inc., or I am an associate or family member and live at the same address as a subscribing member. I understand that I must regularly report on the state of my office to the branch members and to the appropriate Regional and Kingdom Officers. To the best of my knowledge I am able to fulfill all requirements and to perform all duties of the office. I also consent to have my contact information on the Kingdom newsletter and on the Kingdom web-site.

Consent to Publish

I do hereby grant permission to publish my contact information on any page hosted by the domain midrealm.org and in The Pale, the Midrealm Newsletter for the purposes of the SCA.

_____

PRINT MODERN NAME

_____

SIGNATURE

_____

DATE

FOR ADMINISTRATION USE ONLY:

Entry Date: _____ Expiration Date:_____

Database Object ID: _____

Received/Entered by:_____

Copies To:
Regional Officer
Kingdom Officer
Branch Files