

Kingdom of Northshield Resignation and Change of Office Form

(revised January, 2006)

Copies need to be sent to Kingdom officer, Deputy for New Groups (if applicable),
Baronial officer (if applicable) and a copy kept in branch files

Outgoing Officer

SCA Name: _____
Modern Name: _____
Phone number: _____
Office being resigned: _____
Effective Date
of resignation: _____
Branch: _____
Modern location: _____

I understand that it is my duty to transfer all of the files
and property of the office to my successor promptly.

Signed: _____
Date: _____

Other Branch Officers

We, the undersigned, officers of

_____ have been informed of this proposed
officer change in our branch.

SCA Name: _____
Modern Name: _____
Office held: _____
Date: _____

SCA Name: _____
Modern Name: _____
Office held: _____
Date: _____

SCA Name: _____
Modern Name: _____
Office held: _____
Date: _____

Baron/ess if applicable

SCA Name: _____
Modern Name: _____
Date: _____

Acting Officer

SCA Name: _____
Modern Name: _____
Address: _____
City, State, Zip _____
Phone: _____
Email: _____
Membership #: _____ Exp Date: _____

I agree to serve as

_____ (office)

of the SCA branch called

_____ (group name)

located in

_____ (modern location)

Submission of this form indicates that:

- 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 Northshield 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.

Check this box if you give permission to the Chronicler of the Kingdom of Northshield to publish your modern name, address, phone number and e-mail address in the *Northwatch*.

Check this box if you give permission to the Web Minister of the Kingdom of Northshield to publish your modern name, address, phone number and e-mail address on the Northshield web site.

Signed: _____

Date Signed: _____