



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): _____

Continue to Page 2

