



# Principality of the Summits

# REQUEST FOR ONE YEAR EXTENSION

Send this form with *proof of membership* to:

Original: Kingdom Officer

Copy: Principality Officer

Copy: Branch Seneschal/Branch Officer Files

For contact information, see the Crier.

## OFFICER APPLYING FOR ONE YEAR EXTENSION

MODERN NAME OF APPLICANT			SCA NAME NAME OF APPLICANT			MEMBERSHIP #			
NAME OF OFFICE				BRANCH NAME			EXPIRY DATE OF MEMBERSHIP		
FULL MAILING ADDRESS OF APPLICANT (INCLUDE ZIP / POSTAL CODE)									
HOME PHONE (INCLUDE AREA CODE)			DAY PHONE (INCLUDE AREA CODE)			EMAIL ADDRESS			

I, the applicant, hereby apply for a one-year extension in my current office. Upon resignation, termination, or completion of my final term, I agree to return all property belonging to the SCA which is in my possession now or that I may obtain during my term.

SIGNATURE						DATE SIGNED		
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## OFFICER ENDORSEMENT

We, the undersigned officers of the above-named branch, have been informed of this request for this one year extension and agree to continue to work with this officer.

NAME	OFFICE / BARONAGE	DATE