



# KINGDOM OF AN TIR

## CHANGE OF OFFICER/ EXTENSION OF OFFICE

**Seneschal: send this form with *proof of membership* to the Kingdom Officer in charge of the office. If you are in a Principality, send to both the Principality Officer and the Kingdom Officer in charge of the office.**

Change of Office       Extension of Office

### OFFICE AND BRANCH INFORMATION

Title of Office	Branch	Office Email (should be official O365 email)
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### OUTGOING OFFICER INFORMATION (skip if extending office)

SCA Name of Outgoing Officer	Modern Name of Outgoing Officer	Membership Number	Expiry Date (MM / DD / YYYY)
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### INCOMING/EXTENDING OFFICER INFORMATION

SCA Name of Incoming Officer	Modern Name of Incoming Officer	Membership Number	Expiry Date (MM / DD / YYYY)
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Date Officer Starting/Renewing (MM/DD/YYYY)	Contact Phone Number (include Area Code)	FaceBook Name (if applicable)
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Full Mailing Address of Incoming/Extending Officer (Include Zip / Postal Code)

Your Kingdom Officer may have an officer-specific FaceBook page.

Please add me to the Officer FaceBook page (if available) - *skip if extending office and already part of the group (if applicable)*

I, the Incoming or Extending Officer, here state that I have read the job description for this office, know my duties as described, and agree to carry them out to the best of my ability. 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.

By checking this box I affirm that I have read and agree to this statement in the same manner as if I had signed this form.

Date Affirmed (MM/DD/YYYY)

### BRANCH SENESCHAL COMPLETES

This Change/Extension of Office was approved at the branch Council meeting on the date of: →

Date of Branch Council Meeting (MM/DD/YYYY)

SCA Name of Branch Seneschal	Modern Name of Branch Seneschal	Contact Phone Number (include Area Code)
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### NOTES (if applicable)