

# Resignation and Change of Office Form

(revised June, 2000)

## Outgoing Officer

SCA Name \_\_\_\_\_

Modern Name \_\_\_\_\_

Phone number \_\_\_\_\_

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 signed \_\_\_\_\_

## Other Branch Officers

We, the undersigned, officers of

\_\_\_\_\_

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

Name \_\_\_\_\_

Office \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Office \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Office \_\_\_\_\_

Date \_\_\_\_\_

Baron/ess, if applicable

\_\_\_\_\_

## Acting Officer

SCA Name \_\_\_\_\_

Modern Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Membership number \_\_\_\_\_

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.

Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

Copies:

Regional Officer

Kingdom Officer

Branch Files