



KINGDOM OF EALDORMERE - CHANGE OF OFFICER FORM

Group Name	
Location	
Office Changing Over	
Effective Date	

OUTGOING OFFICER

SCA Name	
Modern Name	
Phone Number	
Signature	

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

ACTING OFFICER

SCA Name	
Modern Name	
Street Address	
City	
Postal Code	
Phone Number	
Email Address	
Membership #/Expiry Date	
Signature	

I understand that it is my first duty to notify my Kingdom Officer. I understand that I will function as an acting officer until I am warranted by the Kingdom Officer and the Crown of Ealdormere. I am a member in good standing of the SCA. I understand that I must regularly report on the state of my office to the branch members and to the appropriate Kingdom Officers. To the best of my knowledge I am able to fulfil all requirements and perform all the duties of the office.

OTHER BRANCH OFFICERS (Also Baron/ess if applicable)

We, the undersigned officers of the above mentioned branch, support this proposed officer change in our branch.

Name	Signature	Date