

# Kingdom of Northshield Resignation and Change of Office Form

(revised January, 2006)

Copies need to be sent to Kingdom officer, Deputy for New Groups (if applicable),  
Baronial officer (if applicable) and a copy kept in branch files

## Outgoing Officer

SCA Name: \_\_\_\_\_  
Modern Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Office being resigned: \_\_\_\_\_  
Effective Date  
of resignation: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Modern location: \_\_\_\_\_

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

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

## Other Branch Officers

We, the undersigned, officers of

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

SCA Name: \_\_\_\_\_  
Modern Name: \_\_\_\_\_  
Office held: \_\_\_\_\_  
Date: \_\_\_\_\_

SCA Name: \_\_\_\_\_  
Modern Name: \_\_\_\_\_  
Office held: \_\_\_\_\_  
Date: \_\_\_\_\_

SCA Name: \_\_\_\_\_  
Modern Name: \_\_\_\_\_  
Office held: \_\_\_\_\_  
Date: \_\_\_\_\_

## Baron/ess if applicable

SCA Name: \_\_\_\_\_  
Modern Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Acting Officer

SCA Name: \_\_\_\_\_  
Modern Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Membership #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I agree to serve as

\_\_\_\_\_ (office)

of the SCA branch called

\_\_\_\_\_ (group name)

located in

\_\_\_\_\_ (modern location)

Submission of this form indicates that:

- 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 Northshield 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.

Check this box if you give permission to the Chronicler of the Kingdom of Northshield to publish your modern name, address, phone number and e-mail address in the *Northwatch*.

Check this box if you give permission to the Web Minister of the Kingdom of Northshield to publish your modern name, address, phone number and e-mail address on the Northshield web site.

Signed: \_\_\_\_\_

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