SOCIETY FOR CREATIVE ANACHRONISM, INC. (SCA)

International Membership Application

The Society for Creative Anachronism, Inc. • Office of the Registry
P.O. Box 360789 • Milpitas, California 95036-0789, U.S.A.
Tel (408) 263-9305, (800) 789-7486 • Fax (408) 263-0641

U.S. FUNDS ONLY

MEMBERSHIP TYPES:

• **International: $35.00 -** Subscribing membership not served by U.S. Postal Service. International members receive a subscription to their Kingdom's newsletter.They are eligible to hold office and any other privileges designated.

• **Associate: $20.00 –** Non-subscribing membership. Associate Membership does not include subscriptions to any publications. Receives Membership card only.

• **Family:** ***One additional adult and any minor children 21 and under residing at the same address as a International member.*** Family members are extended the privileges of Associate Membership. A maximum of $60 will be collected from families with 1 sustaining and three or more family members ($35 +$25).
NOTE: A separate application form must be completed and signed for each family member.

MEMBERSHIPS ARE EFFECTIVE IMMEDIATELY UPON RECEIPT OF PROPERLY COMPLETED MEMBERSHIP APPLICATIONS AND PAYMENT. SUBSCRIPTIONS MAY TAKE 4 TO 7 WEEKS FOR PROCESSING. FOR CONFIRMATION SEND SELF-ADDRESSED, BLANK POSTCARD. ONE POSTCARD PER PERSON. NO INDEX CARDS PLEASE.

NO FAXED CONFIRMATION. PLEASE SEND U.S. FUNDS ONLY.

SOCIETY FOR CREATIVE ANACHRONISM, INC.
CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the international organization know as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter "SCA").

The SCA has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and Rules for combat related activities.

The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether owned, leased, operated or maintained by the SCA.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk or injury to myself or damage to my property.

I understand that the SCA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

In exchange for allowing me to participate in these SCA activities and event, I agree to release from liability, agree to indemnify, and hold harmless the SCA, and any SCA agent, officer or SCA employee acting within the scope of their duties, for any injury to my person or damage to my property.

This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal Name (PRINT): _____

Legal Name (SIGN): _____

Parent/Guardian (SIGN): _____

Date: _____

MEMBERSHIP INFORMATION - *Print or type clearly.*
MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED.

Legal Name: _____

Address: _____

_____

City: _____ **Province:** _____

Postal Code: _____ **Country:** _____

Phone (Home): _____ **Phone (Work):** _____

For Family Membership only: (see explanation above)

Age _____ **Relationship** _____

☐ **Check box to receive renewal notices via email.**

Email Adrress: _____

Society Name: _____
(Optional - For reference only. Society names are registered through the College of Heralds.)

Year of Birth (Opt.): _____

The information collected is used for internal administrative purposes and shall not be sold or otherwise distributed absent permission or a court order.

PROCESSING TIME: 4-7 WEEKS.
The cutoff for each month is NOON of the last working day of the month. Forms that come in after the cutoff are processed for the following month. Newsletter cycle is 2 months ahead: January payments are for March mailing labels, etc.

PLEASE CIRCLE / ENTER CORRECT AMOUNTS:

Membership Type	**Annual**
International	$35.00
Associate	$20.00
Family ($10.00 X # of members up to $25 maximum)	$_____
Tax-Deductible Donation	$_____

MEMBERSHIP TOTAL: $_____

Optional Monthly Publications	**First Class/Air Mail**
☐ Artemisia	$25.00
☐ Aethelmearc	$25.00
☐ Ansteorra	$25.00
☐ An Tir	$25.00
☐ Atenveldt	$25.00
☐ Atlantia	$25.00
☐ Caid	$25.00
☐ Calontir	$25.00
☐ Drachenwald	$25.00
☐ Ealdomere	$25.00
☐ East	$25.00
☐ Gleann Abhann	$25.00
☐ Lochac	$25.00
☐ Meridies	$25.00
☐ Middle	$25.00
☐ Northshield	$25.00
☐ Outlands	$25.00
☐ Trimaris	$25.00
☐ West	$25.00
Optional Quarterly Publications	
☐ Tournaments Illuminated	$15.00
☐ Board Proceedings	$15.00
☐ Compleat Anachronist	$15.00

OPTIONAL PUBLICATIONS TOTAL: $_____
TOTAL PAYMENT ENCLOSED: $_____
TWO YEAR RENEWAL (TOTAL PAYMENT X 2): $_____
THREE YEAR RENEWAL (TOTAL PAYMENT X 3): $_____

☐ New Membership ☐ Renewal (Member # if known _____)
☐ Change of Address ☐ Replacement Card

Check or Money Order, Payable to S.C.A., Inc.

Credit Account Number: ☐ Visa ☐ Mastercard

Month Year

Card Expiration Date

_____
Signature

FOR REGISTRY USE ONLY

Bank Number _____

Membership No. _____

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