













E-mail address Society Name

SOCIETY FOR CREATIVE ANACHRONISM, INC. (SCA)

P.O. Box 360789 • Milpitas, California 95036-0789 • USA Tel (408) 263-9305, (800) 789-7486 • Fax (408) 263-0641 INTERNATIONAL MEMBERSHIP APPLICATION

U.S. FUNDS ONLY

MEMBERSHIP TYPES

- International: \$45.00 Subscribing membership not served by U.S. Postal Service; includes a subscription to your Kingdom's newsletter. They are eligible to hold office and any other privileges designated.
- Associate: \$30.00 Non-subscribing 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 Sustaining Member. Family members are extended the privileges of Associate Membership. A maximum of \$75 will be collected from families with one Sustaining and three or more family members (\$45 + \$30).

NOTE: A separate application form must be completed and signed for each family member.

Memberships are effective immediately upon receipt of properly completed applications and payment. Subscriptions may take 4 to 7 weeks for processing. For confirmation, send a self-addressed, blank postcard. One postcard per person. No index cards, please. We're sorry, but we cannot send far confirmations. Please send all payments in U.S. funds only.

cannot send fax confirmations. Please send all payments in 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 known 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 representation 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 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 events, 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) ___ MEMBERSHIP INFORMATION - Print or type clearly. APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED. Legal Name___ Postal Code _____ Country_ Phone (Home) ____ Phone (Work) For Family Membership only: Age _____ Relationship_ ☐ Check box to receive renewal notices via e-mail. Year of Birth (opt.)_

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

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

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 date are processed for the following month. Newsletter cycle is two months ahead: January payments are for March mailing labels, etc.

labels, etc.		
Please check membershi	p type:	Annual
☐ International		\$45.00
Associate		\$30.00
☐ Family (\$10 X # of me	mbers, up to \$30 maximum) \$	
☐ Tax-Deductible Don		
	MEMBERSHIP TOTAL \$	
Optional	☐ Artemisia	\$35.00
Monthly Newsletters	Attelmsia Æthelmearc	\$35.00
monuny Newsletters	Ansteorra	\$35.00
	An Tir	\$35.00
	☐ Atenveldt	\$35.00
	☐ Atlantia	\$35.00
	Caid	\$35.00
	☐ Calontir	\$35.00
	☐ Drachenwald	\$35.00
	☐ Ealdomere	\$35.00
	East	\$35.00
	☐ Glenn Abhann	\$35.00
	☐ Lochac	\$35.00
	☐ Meridies	\$35.00
	Middle	\$35.00
	■ Northshield	\$35.00
	Outlands	\$35.00
	Trimaris	\$35.00
	West	\$35.00
Optional Quarterly Publications Tournaments Illuminated \$20.00		
Our member magazine featuring articles on how to thrive in		
the SCA, as well as works of research plus columns and reviews.		
☐ Board Proceedings		\$20.00
☐ The Compleat Anachronist		\$25.00
Our monograph series that focuses on one topic relevant to the		
time period 600 C.E.	to 1600 C.E. in each 50-60 page	e issue.
Optional Publications Total \$		
Total Payment Enclosed		
Two-Year Renewal (Total Payment X 2) \$		
Three-Year Renewal (Total Payment X 3) \$	
	Renewal (MIMBER #, IF KNOWN)	
Change of Address		No
 Check or Money Orde 		lefunds
□ Visa □ Mastercar	d A	vailable
11 1 1		
Month Year		
Card Expiration Date		
Signature		
	Signature	
FOR	Signature REGISTRY USE ONLY	

Membership Number