

Branch name (subject to approval): _____

Date branch name sent to College of Herald: _____

Date name approved: _____ Note: You may apply to start a branch before the name is approved, but you cannot receive full status until It Is approved.

Approximate date of first organizational meeting: _____

Proposed branch type: ___ Shire ___ Canton ___ Riding ___ Institutional

Location (attach map, and list county, towns, and (If possible) zip codes): _____

Population: ___ Subscribers (Sustaining, Contributing, or Patron Members)
___ Associate or Family Members
___ Other people attending meetings

Note—You must have at least 5 subscribers, and some kingdoms require more. There are no formal requirements for additional population, but most kingdoms will insist that you have more than the bare minimum number of people active.

SENESCHAL
(Required: must be of legal age to sign contracts In home state or province.)

Society name: _____

Legal name: _____

Address: _____

Phone number:(____) _____

Herald
(Required)

Society name: _____

Legal name: _____

Address: _____

Phone number:(____) _____

MARSHAL OR ARTS & SCIENCES OFFICER
(You must have a marshal If there are any fighters in the group.)
Specify office:

Society name: _____

Legal name: _____

Address: _____

Phone number:(____) _____

If you have other officers (none are required, but you may fill whatever jobs you have members interested in) please list them on the back of this form.

If you are in territory claimed by a shire, barony, or province, you must attach a letter from their Seneschal indicating agreement with your proposal. If they do not agree, your Kingdom or Principality Seneschal will help negotiate.

I DO, AS ACTING DEPUTY SENESCHAL FOR THE BRANCH HERE DESCRIBED. CERTIFY BY MY SIGNATURE BELOW THAT THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

signature (you may use SCA name)

date (include year C. E.)