



## 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 Number	
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.

Signature	Date