



SOCIETY FOR CREATIVE ANACHRONISM, INC. (SCA)

membership application

ENCLOSE YOUR PAYMENT OR COMPLETE CREDIT CARD INSTRUCTIONS AND SEND FORM TO:

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
CREDIT CARD INSTRUCTIONS ARE ACCEPTED BY FAX

MEMBERSHIP TYPES:

- Sustaining: \$35.00 - Subscribing membership for those served by U.S. Postal Service.
International (Foreign): - Please request International Form.
Contributing: Subscribing members may add to the basic donation to help in the general operation of the Society.
Associate: \$20.00 - Non-subscribing membership.
Family: \$10.00 - per non-subscribing membership for immediate family of a Subscribing or International member...

MEMBERSHIPS ARE EFFECTIVE IMMEDIATELY UPON RECEIPT OF PROPERLY COMPLETED MEMBERSHIP APPLICATIONS AND PAYMENT. SUBSCRIPTIONS MAY TAKE 3 TO 6 WEEKS FOR PROCESSING.

NO FAXED CONFIRMATION.

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 the 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 or not 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 of 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 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 READ AND 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 - No Calligraphy! - Print or Type Clearly
Must be filled out or will be returned

Legal Name:
Address:
City: State:
Country: Postal or Zip Code:
Phone (Home): Phone (Work):
Society Name: (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 are processed for the following month. Newsletter cycle is: January deposit equals March labels, etc.

RATES EFFECTIVE 1/1/95

PLEASE CIRCLE CORRECT AMOUNTS:

Membership Type Annual
Sustaining \$35.00
(U.S. First Class Postage) \$7.00
(Contributing donation)
Associate \$20.00
Family (\$10.00 x # members)

International (Please request International Form)

Enter total for membership & postage: \$

Table with columns: Additional Publications, U.S. ONLY Third Class, INTERNATIONAL OR U.S. First Class. Lists various kingdoms and their rates.

TOTAL AMOUNT ENCLOSED: \$

(Please send U.S. Funds only)

- New Membership Renewal
Change of Address Replacement Card

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

- MasterCard VISA

Credit Account Number:

Month Year

Card Expiration Date Signature

FOR REGISTRY USE ONLY

Bank Number

Membership No.

Revised 2/99