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: $35.0**0 - Subscribing membership for those served by U.S. Postal Service. Sustaining members are eligible to hold office and any other privileges designated. They receive subscriptions to ***Tournaments Illuminated*** and their Kingdom's newsletter.

● **International (Foreign):** - Please request International Form. Subscribing membership not served by U.S. Postal Service. International members are eligible to hold office and any other privileges designated. International members receive ***Tournaments Illuminated*** or their Kingdom Newsletter (Must Indicate).

● **Contributing:** Subscribing members may add to the basic donation to help in the general operation of the Society.

Suggested U.S. tax-deductible amounts_____$25 _____$50 _____$100 _____Other

● **Associate: $20.00** - Non-subscribing membership. Associate members are eligible to hold office and any other privileges designated, except where other membership categories are required by Corpora or the Bylaws. Associate membership does not include subscriptions to ***Tournaments Illuminated*** or a Kingdom newsletter. **Receives membership card only.**

● **Family: $10.00** - per non-subscribing membership for immediate family of a Subscribing or International member residing at the same address. Family members are extended the privileges of associate membership. A maximum of $60.00 will be collected from families with one Sustaining and three or more family members ($35.00 + $25.00). A maximum of $50.00 will be collected from families with one International and three or more family members ($25.00 + $25.00). **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 3 TO 6 WEEKS FOR PROCESSING. FOR CONFIRMATION SEND SELF-ADDRESSED STAMPED BLANK POSTCARD (1 POSTCARD PER PERSON).

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: $ _____

Additional Publications	**U.S. ONLY Third Class**	**INTERNATIONAL OR U.S. First Class**
☐ Artemesia	$8.00	$15.00
☐ Aethelmearc	$8.00	$15.00
☐ Ansteorra	$8.00	$15.00
☐ An Tir	$8.00	$15.00
☐ Atenveldt	$8.00	$15.00
☐ Atlantia	$8.00	$15.00
☐ Caid	$8.00	$15.00
☐ Calontir	$8.00	$15.00
☐ Ealdormere	N/A	$15.00
☐ East	$8.00	$15.00
☐ Meridies	$8.00	$15.00
☐ Middle	$8.00	$15.00
☐ Outlands	$8.00	$15.00
☐ Trimaris	$8.00	$15.00
☐ West	$8.00	$15.00
☐ Lochac	N/A	$15.00
☐ Drachenwald	N/A	$15.00
☐ Compleat Anachronist	$8.00	$15.00
☐ Board Proceedings	---	$15.00

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