

ATLANTIAN NEW BRANCH APPLICATION - SOCIETY FOR CREATIVE ANACHRONISM, INC. 11-08\*

Branch Name (subject to approval): \_\_\_\_\_

Date branch heraldry sent to College of Heraldry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date heraldry approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: You may apply before a name is approved, but cannot obtain full status until its approval. Arms are recommended, but not required, for branches below baronial status.

Approximate date of first organizational meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposed branch type: \_\_\_Shire \_\_\_Canton \_\_\_Riding \_\_\_Institutional \_\_\_Other \_\_\_\_\_

Sponsoring Branch: \_\_\_\_\_

Location (attach map indicating affected region and relationship to other groups, and list county, towns, and zip codes):

\_\_\_\_\_

Population:: \_\_\_Subscribers (Sustaining, Contributing, or International Members)

\_\_\_Associate or Family Members

\_\_\_Other people attending meetings

Note: You must have a bare minimum of 5 subscribers for all groups below baronial status.

There are no formal requirements for additional population, but it is strongly recommended that you have enough members to sustain the bare minimum number of active people.

DEPUTY SENESCHAL (required)

Must be of legal age to sign contracts in home state or province.

Society Name: \_\_\_\_\_

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #/Email: \_\_\_\_\_

\*DEPUTY EXCHEQUER (required)

Incipient groups cannot hold funds

Society Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #/Email: \_\_\_\_\_

\*DEPUTY MARSHAL, ARTS & SCIENCES OFFICER, or HERALD (one required)

Society Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #/Email: \_\_\_\_\_

Note: If you have other officers (none are required, but other positions may be filled by interested members) please list them on the back of this form. Incipient branches cannot hold funds or independently sponsor events. Officers only assume non-deputy status once the branch assumes full status.

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.)

\_\_\_\_\_  
Signature of Seneschal of Sponsoring Group

\_\_\_\_\_  
Date (include year C.E.)

\*You must attach:

- Letters from all neighboring seneschals, which indicate agreement with your proposal, including list of zip codes (if they do not agree, your Kingdom or Regional Seneschal will help negotiate).
- Indication of possession of Kingdom Law & Policy, The Organizational Handbook (Corpora) and The Known Worlde Handbook.
- Indication of approval from appropriate Kingdom Great Officers.
- Map indicating affected region and relationship to other groups.