Barony of Thescorre

Application for Baronial Office

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| Scadian Name: | | | Are You 18 or Older? | |
| Mundane Name: | | | Phone # | |
| Address: | | | | |
| How Long in the SCA? | Membership #: | Type of Membership: | | Expiration Date: |
| Which Office Are You Applying For? | | | | |
| List and/or describe any relevant SCA experience: | | | | |
| List and/or describe any relevant Mundane experience: | | | | |
| What Changes Would You Envision Making While In the Office? | | | | |