



# SOCIETY FOR CREATIVE ANACHRONISM, INC. (SCA)

P.O. Box 360789 Milpitas, California 95036-0789 USA  
Tel (408) 263-9305, (800) 789-7486 Fax (408) 263-0641

INTERNATIONAL  
MEMBERSHIP APPLICATION

U.S. FUNDS ONLY

## MEMBERSHIP CATEGORIES

- International (\$56.00)** - Subscribing membership not served by U.S. Postal Service. Includes immediate access to SCA electronic newsletters and publications. Printed publications may be purchased for an additional cost.
- Associate (\$30.00)** - Membership only. Associate members may not purchase printed or electronic subscriptions.
- Family (\$10.00 each)** - One additional adult and any children age 21 and under, residing at the same address as an International Member. Family Members have the privileges of Associate Membership. A maximum of \$30 will be collected for family members. *NOTE: Submit a separate form for each Family Member. Complete sections 1, 2, and 3 of each form.*

## 3 - MEMBERSHIP PURCHASE

- New Membership**    **Replacement Card**  
 **Renewal** (Member # if known) \_\_\_\_\_

|  |               |
|--|---------------|
| <b>Check one Membership type:</b>                                  | <b>Annual</b> |
| <input type="checkbox"/> International                             | \$56.00       |
| <input type="checkbox"/> Associate                                 | \$30.00       |
| <input type="checkbox"/> Family (no charge after 3 family members) | \$10.00       |
| <input type="checkbox"/> Additional Donation (Tax-Deductible)      | \$ _____      |
| <b>Membership Total \$ _____</b>                                   |               |

## 4 - ADDITIONAL PUBLICATIONS (OPTIONAL)

### Monthly Printed Kingdom Newsletter Subscriptions

- |                                     |  |                                      |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Æthelmearc | <input type="checkbox"/> Caid          | <input type="checkbox"/> Meridies    |
| <input type="checkbox"/> An Tir     | <input type="checkbox"/> Calontir      | <input type="checkbox"/> Middle      |
| <input type="checkbox"/> Ansteorra  | <input type="checkbox"/> Drachenwald   | <input type="checkbox"/> Northshield |
| <input type="checkbox"/> Artemisia  | <input type="checkbox"/> Ealdormere    | <input type="checkbox"/> Outlands    |
| <input type="checkbox"/> Atenveldt  | <input type="checkbox"/> East          | <input type="checkbox"/> Trimaris    |
| <input type="checkbox"/> Atlantia   | <input type="checkbox"/> Gleann Abhann | <input type="checkbox"/> West        |
| <input type="checkbox"/> Avacal     | <input type="checkbox"/> Lochac        |                                      |

Check off each subscription, and total below:

\_\_\_\_\_ Kingdom newsletters at \$ \_\_\_\_\_ each = \$ \_\_\_\_\_  
\$40 each (to Canada) or \$50 each (to all other countries)

### Quarterly Printed Publications:

- Tournaments Illuminated** **\$25.00**  
*The magazine of the SCA, featuring articles about life in the SCA, as well as research, columns, and reviews.*
- Board of Directors Meeting Minutes** **\$20.00**
- Compleat Anachronist** **\$30.00**  
*A series of 50-60 page booklets, each focusing on a topic relevant to pre-17th century life.*
- Total Optional Publications \$ \_\_\_\_\_**

## 5 - TOTAL AND PAYMENT METHOD (U.S. Funds)

**Total of Membership and Publications:** \$ \_\_\_\_\_  
**for Two-Year Renewal: Total Payment x 2** \$ \_\_\_\_\_  
**for Three-Year Renewal: Total Payment x 3** \$ \_\_\_\_\_

- Check or Money order payable to SCA, Inc.  
 Visa    Mastercard

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Card Expiration Date 

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Month      Year

\_\_\_\_\_  
Signature

**Memberships are effective immediately upon receipt of properly completed applications and payment. Paper subscriptions may take 4-7 weeks for processing. For confirmation of membership, send a self-addressed envelope. We cannot send fax confirmation.**

|                              |                             |
|------------------------------|-----------------------------|
| <b>FOR REGISTRY USE ONLY</b> |                             |
| Bank Number _____            |                             |
| Membership Number _____      | Rev 6/19 Effective 6/1/2019 |

## 1 - MEMBER INFORMATION Print or type clearly

APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED

Legal Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_  CHANGE OF ADDRESS  
Email address \_\_\_\_\_  
*(Email address must be supplied in order to access e-newsletters)*

Birthdate (mm/dd/yyyy) \_\_\_\_\_ (Required)

Your SCA Name \_\_\_\_\_

*(Optional—if you list your SCA Name it will be printed on your membership card, but the SCA College of Heralds handles the actual registration of Society names.)*

Personal information collected is used for internal administrative purposes and shall not be sold or otherwise distributed absent permission or court order.

## 2 - 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 rules for combat related activities.

The SCA makes no representation or claims as to the condition or safety of the land, structures or surroundings, whether 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 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 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 \_\_\_\_\_