REQUEST FOR WARRANT

Branch: _____

Position: Exchequer _____ **OR** Emergency Deputy Exchequer _____

This form should be completed by the individual who is applying to be Chancellor of the Exchequer and signed by the current Seneschal. Complete this form, make a copy for your files, and mail to the Kingdom Exchequer along with the required copies of personal identification. **Please attach:**

a) copy of Driver's License or other picture id
b) copy of SCA membership card or other proof of membership

Please print neatly!

Legal Name:		
Street Address:		
City:	**State :**	**Zip Code:**
Telephone: Home ( )	**Work / Cell: ( )**	
Email address:		
SCA Name:		
Date (event) attended Exchequer 101 class:		

I understand that by applying for the position of Chancellor of the Exchequer of the above listed branch of the Society for Creative Anachronism, Inc., I agree to assume full responsibility for all financial affairs of this branch upon confirmation of my appointment to the office by warrant. These responsibilities include:

- *maintaining membership in the Society for Creative Anachronism, Inc.;*
- *complying with Society, Kingdom, and this branch or guild's financial policy requirements; submitting reports when they are due according to Kingdom Policy and this branch or guild's requirements;*
- *making myself available to the membership of this branch or guild for consultation and reimbursements;*
- *and being a part of this branch or guild's financial committee.*

Legal Signature: **Date:**

Permission is granted to publish the following information on the on-line roster at exchequer.atlantia.sca.org (*select all that apply*):

☐ Modern name ☐ Address ☐ Phone number ☐ Email address

SENESCHAL :

I recommend the above individual for consideration as the new Chancellor of the Exchequer for our branch, and if possible, will assist in training him/her for the office.

Legal Signature: **Date:**