

Kingdom of Calontir
(A Regional Division of the Society for Creative Anachronism)
Emblem Use Authorization Statement

ORGANIZATION INFORMATION (To Be Completed By Authorized Representative)

Organization's Name (Please Type or Print): Kingdom of Calontir
Organization Contact: Stefanie Payne, Officer for Specialized License Plates
Address: 1819 Allen Dr, Jefferson City, MO 65109-1203
Tel: (573) 761-5963 E-mail: gaebbi@gmail.com

APPLICANT INFORMATION: (Please Print Legibly)

SCA Name: _____
Home Group: _____
Legal Name (As it Appears on Membership Card): _____
Membership #: _____ Expiration Date: _____ / _____ / _____
Address (Please Type or Print): _____
Street _____
City _____ State _____ Zip _____
Daytime Tel: (____) _____ Evening Tel: (____) _____
Email Address: _____

EMBLEM USE AUTHORIZATION STATEMENT
(To Be Completed by Authorized Representative)

Contribution Paid: \$ _____ Check #: _____ Payment Date: _____
Notes: _____

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I, as the authorized representative of the Kingdom of Calontir, do hereby attest and issue statement that _____ is a paid member of
(Member's Legal Name as it appears on Membership Card)
the Society for Creative Anachronism, Inc., Kingdom of Calontir, and has paid the required donation of \$ _____ to the Kingdom of Calontir.

Stefanie Payne, Officer for Specialized License Plates HE Gabrielle von Friedrichstahl