

# 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

Email: [gaebbi@hotmail.com](mailto:gaebbi@hotmail.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