

Local Minister of Lists Information Form

Legal Name: _____

SCA Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

(If Canadian) Province: _____ Postal Code: _____

Telephone: () _____

email: _____

Home Group: _____

This must be the group where you live. No Households, please!

YOU MUST INCLUDE PROOF OF MEMBERSHIP TO BE ADDED TO THE KINGDOM ROSTER!!

Membership number: _____ Expiration: _____

How long have you been your group's MOL? _____

What additional information do you need from me to do your job?