



# *THE SOCIETY OF THE MIDDLE AGES*

## WARRANT OF APPOINTMENT TO MINISTRY

LEGAL NAME: \_\_\_\_\_

SOCIETY NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MEMBER NUMBER: \_\_\_\_\_

MINISTRY:

CHRONICLER,  EXCHEQUER,  HERALD,  SENESCHAL,  MARSHAL,  UNIVERSITY,  OTHER \_\_\_\_\_

OF THE:  KINGDOM \_\_\_\_\_

BRANCH \_\_\_\_\_ WITHIN THE KINGDOM OF \_\_\_\_\_

LET IT BE KNOWN THAT THE ABOVE-REFERENCED PERSON IS HEREBY APPOINTED TO THE MINISTRY OF

\_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ EXPIRING AS OF: \_\_\_\_\_

WITH ALL RIGHTS, PRIVILEGES, PRECEDENCE, AND RESPONSIBILITIES PERTAINING TO THE OFFICE DURING ITS EFFECTIVE TERM. THIS WARRANT SUPERSEDES ANY EXISTING OR PREVIOUS WARRANTS FOR THIS OFFICE.

(SIGNATURES FOR SOCIETY MINISTERS MUST BE THREE BOARD MEMBERS. FOR KINGDOM/PRINCIPALITY MINISTERS AND LOCAL SENESCHALS, THEY MUST INCLUDE THE SOCIETY SENESCHAL OR CORRESPONDING OFFICER, ONE BOARD MEMBER, AND THE REIGNING CROWN OR CORONET. FOR OTHER LOCAL MINISTERS, THEY MUST INCLUDE THE LOCAL SENESCHAL, THE CORRESPONDING KINGDOM/PRINCIPALITY MINISTER, AND THE CROWN OR CORONET.)

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_