

**Society Name** .....

Name this badge is to be associated with .....

Legal name .....

Address .....

Branch Name .....

Phone Number ..... Date of Birth .....

E-mail Address ..... Date Submitted .....

Consulting Herald ..... Herald's E-mail/Phone .....

- Action Type
- New**
- Resubmission
- Kingdom
- Laurel
- Change, if registered:
- release old badge
- .....
- retain old badge(s)
- Appeal (attach justification)
- Other (specify)

This name is (pick one):

already registered

submitted with this device

previously submitted from the Kingdom of

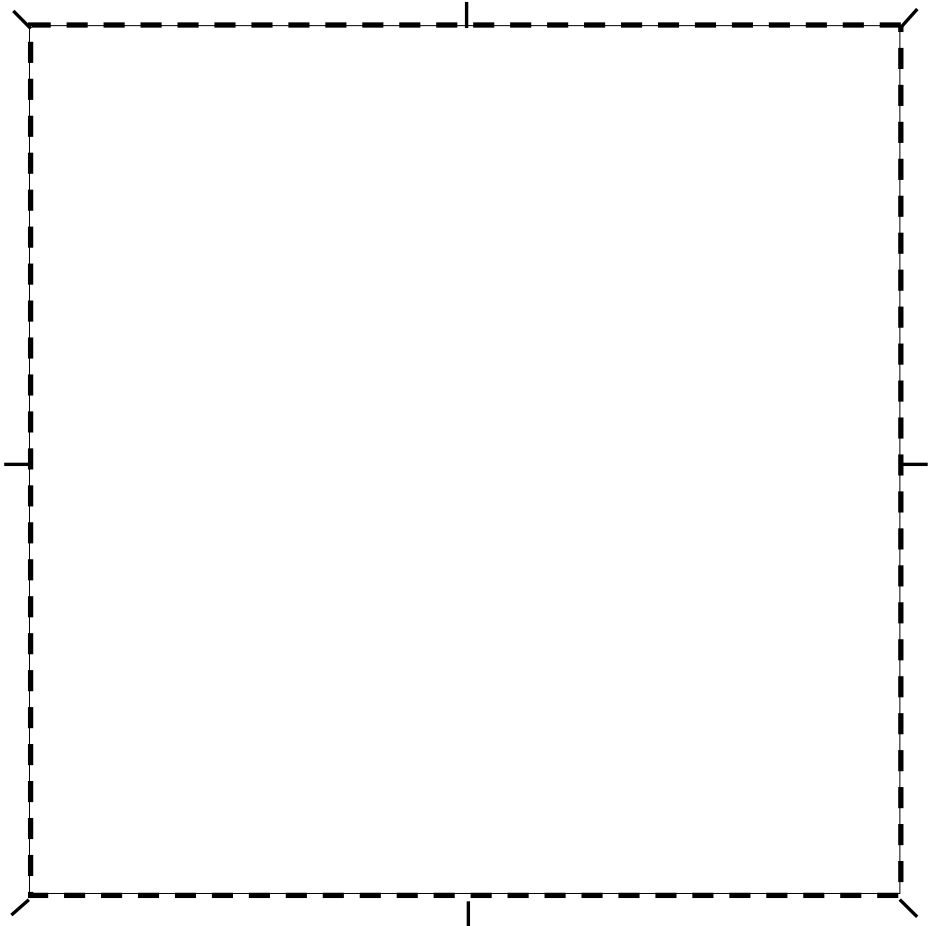
If using any restricted charges, please give Kingdom and date of eligibility for that charge.

Is this badge jointly owned?  Yes  No

If Yes, co-owner's Society Name .....

(Note: the square below should be approximately 4.5 inches (11.4 cm) wide when printed)

Proposed Blazon (Consult a herald if possible. Use plain English if you don't know how to blazon.)



Instructions: send 1 color copy and one black and white outlined copy of this completed form to [lymphad@trimaris.org](mailto:lymphad@trimaris.org). Mail the payment to the Lymphad Herald of Trimaris at the address listed on the Kingdom of Trimaris website. Make checks payable to "SCA Kingdom of Trimaris".

	Amount Received	Date Received	Action Taken	Amount Forwarded	Date Forwarded
Local					
Kingdom					
Laurel					