

THE ORDER OF ST LUKE THE PHYSICIAN IN NEW ZEALAND
APPLICATION FOR ADMISSION TO FULL MEMBERSHIP OF A CHAPTER



Chapter

I, Rev/Dr/Mr/Mrs/Miss/Ms.....
(Please print full name and underline the name by which you are called)

Address.....postcode.....

Phone no..... email address.....

was welcomed as an associate member of the Order on..... (date)

by.....at..... (place)

and I hereby apply to be admitted as a full member of the Order. I accept the basic principles of Christian healing as presented in the handbook of the Order and will be guided by them in my ministry of healing.

Signature.....date.....

Chapter chaplain:

I certify that the above-named applicant has been suitably prepared for full membership.

Name of chapter chaplain.....

Signature..... date.....

Applicant's minister: I certify that the above-named applicant is known to me and is a member in good standing with this church (not required for clergy applicants).

Name and place of church.....

Name of minister.....signature of minister.....

Denomination..... date.....

Chapter secretary:

I certify that the above-named applicant is an associate member with the

.....chapter date.....

Admission service to be held at..... (name of church)

on (date) by (name of minister conducting the admission)

Name of chapter secretary.....

Signaturedate.....

This form is to be completed and forwarded to the **Co-General Secretaries, 53 St Anne Road, Waipu Cove, RD 2, Waipu 0582**, at least two weeks prior to the date of the admission service, to enable the member's badge to be delivered in time for the service. The badge will be sent after the date of service is supplied.