

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



Postal chapter area

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.....

Area chaplain, missionary, or national chaplain:

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

Name of area chaplain (or other).....

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.....

Area chaplain, missionary, or national chaplain:

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

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

Signature

of area name.....date.....

This last section is to be completed by the area chaplain (or their deputy) and the form 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.