

THE ORDER OF ST LUKE THE PHYSICIAN IN NEW ZEALAND
APPLICATION FOR REINSTATEMENT OF MEMBERSHIP



Chapter (or postal area).....

previously a member of chapter(s)

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

Address.....

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

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

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

and (if applicable) inducted as a full member on (date)

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

and I hereby apply to be readmitted as a associate/full (delete not applicable) member of the Order. I accept the basic concepts of Christian healing as presented in the handbook of the Order and will be guided by them in my ministry of healing.

The applicant may like to submit a paragraph outlining reason(s) for leaving the Order, and now the desire to be reinstated. Please attach to the form.

I require a new handbook at a cost of \$5.00 yes/no and badge at a cost of \$5.00 yes/no and am prepared to pay the membership subscription.

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

Chapter secretary (for chapter members):

I certify that the above-named applicant is in fellowship with.....chapter and is desirous of rejoining the Order as part of this chapter.

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

Chapter (or area) chaplain:

I certify that the above-named applicant is suitably prepared for renewal of membership and becoming involved again in the life of the Order.

Name of chapter (or area) 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 of church..... name of minister.....

Signature of minister..... date.....

This form is to be completed and forwarded to the **Co-General Secretaries, 53 St Anne Road, Waipu Cove, RD 2, Waipu 0582**. The application will then be submitted to the executive for approval.