

THE ORDER OF ST LUKE THE PHYSICIAN IN NEW ZEALAND

Transfer of Membership



To the Secretary.....Chapter

Name of Member

New Address.....

OccupationDenomination.....

Welcomed as Associate Member.....date.....Chapter

Admitted as Full Member.....date.....Chapter

- * The above Member wishes to be transferred to your Chapter.
- * The above Member is now living in your area. Would you please contact and see if they would like to join your Chapter.

(Please delete one of these)

Note: Where the Member is becoming a Postal Member this transfer goes to the relevant Area Convenor (see Directory for names and addresses).

Signed.....Secretary ofChapter

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THE ORDER OF ST LUKE THE PHYSICIAN IN NEW ZEALAND

Transfer of Membership



To The Membership Registrar

Name of Member Denomination.....

New Address.....

Welcomed as Associate Member.....date.....Chapter

Admitted as Full Member.....date.....Chapter

The above Member wishes to be transferred to the..... Chapter

Signed.....Secretary ofChapter