

THE ORDER OF ST LUKE THE PHYSICIAN IN NEW ZEALAND

TRANSFER OF MEMBERSHIP



*Complete top half and send to Secretary of new chapter
Complete bottom half and send to Co-General Secretaries
Both forms should be signed by the Secretary of the chapter being transferred from.*

To the Secretary.....Chapter
Name of Member
New Address.....
Phone No..... E-Mail Address.....
OccupationDenomination
Welcomed as Associate MemberdateChapter
Admitted as Full MemberdateChapter

(Please delete one of the following)

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

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

Signed:

.....Secretary Chapter Date



THE ORDER OF ST LUKE THE PHYSICIAN IN NEW ZEALAND

TRANSFER OF MEMBERSHIP



To: The Co-General Secretaries
Rev Brian and Mrs Shirley Flower
53 St Ann Rd
RD 2
Waipu 0582

Name of Member
New Address.....
Phone No..... E-Mail Address.....
OccupationDenomination

The above Member wishes to be transferred to the Chapter (or Area)

Signed:

.....Secretary Chapter Date