



# THE ORDER OF ST LUKE THE PHYSICIAN IN THE UNITED KINGDOM

CHARITY Number : 1141436

## APPLICATION FORM FOR MEMBERSHIP of OSL (UK)

This application form is intended for members of the OSL from foreign countries.

I wish to apply for membership of the Order of St. Luke (UK).

Full Name: Mr/Mrs/Miss/Revd/Other. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**N.B.** A membership list is provided once a year for members use only in printed format. If you do not wish your name and address to be used on the website please indicate below.

I do/do not wish my name/address/phone number to be available to OSLUK members using the Website .

Church Attended (full address please): \_\_\_\_\_

\_\_\_\_\_

In what way are you involved in the healing ministry of the church?

\_\_\_\_\_

On what date and where were you inducted?

\_\_\_\_\_

If you are an ordained minister please state, Theological college/course, year of ordination and denomination.

\_\_\_\_\_

Please supply a letter from the convenor of the chapter you attend, to confirm that you are an existing member of the OSL. Please enclose the letter with this application form.

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

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### This Section to be completed by the Membership Secretary

I have checked the credentials of the candidate mentioned above and I am satisfied that they are in order. Name \_\_\_\_\_ Signed \_\_\_\_\_

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This form when completed should be sent to the Applications Secretary:  
Mr. John Low, 61, Woodburn Drive, Chapeltown, SHEFFIELD S35 1YT

For office use:  
Date & place of induction \_\_\_\_\_