

THE ORDER OF ST LUKE THE PHYSICIAN IN THE UNITED KINGDOM

CHARITY Number : 1141436



APPLICATION FORM FOR CANDIDATE

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

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: _____

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

If not already involved then please state your interest.

Has the Order been explained to you and are you prepared to live by the spirit of the Rule? _____

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

The OSL DOES NOT receive people in active association with Spiritualism, Christian Science, Theosophy, the occult, etc.

Please supply a letter from the Minister/Priest of the church you attend to confirm that you are a bona fide communicant member.

Candidate's signature _____ Date _____

This Section to be completed by a Chaplain or Lay Convenor of the Order

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

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 _____
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