



Affirmation for Membership

Membership in the Order of Saint Luke is based upon an intentional commitment to the **Rule of Life and Service**. While not a basis of membership, your financial support is vital to the life and work of the Order. All members under annual vows are required to reaffirm these vows annually around the Feast of Saint Luke, October 18.

- Will you affirm the apostolic hope?
- Will you live for the Church of Jesus Christ?
- Will you seek the sacramental life?
- Will you promote the corporate worship of the Church?
- Will you magnify the sacraments?
- Will you accept the call to service?
- Will you abide by the rules of the Order of Saint Luke and indicate your commitment by study, service, gifts, and practice?

- By my signature, I indicate that I give affirmative answers to the above questions.
- By my signature, I indicate that I no longer affirm the Rule and wish to be removed from membership.

Date _____ Signature _____

- This is a first time affirmation. This is an annual renewal of my affirmation.

(Please print clearly. Check data you do not want printed in the directory.)

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Denomination _____ Judicatory _____

OSL Chapter/Association _____ Birth Date (m/d/y) _____

Occupation/Appointment _____

(Check all that apply) Lay Clergy Student Retired Male Female

Financial Support*

- | | | | |
|--|-------|---|----------|
| <input type="checkbox"/> Basic | \$75 | <input type="checkbox"/> Other Donation | \$ _____ |
| <input type="checkbox"/> Supporting | \$115 | <input type="checkbox"/> I pledge \$ _____ per month, totaling \$ _____ | |
| <input type="checkbox"/> Sustaining | \$225 | <input type="checkbox"/> I cannot make a gift at this time. | |
| <input type="checkbox"/> Student/Retiree | \$35 | <input type="checkbox"/> My check payable to the Order of Saint Luke is enclosed. | |
| <input type="checkbox"/> Student/Retiree Spouse <i>(no publications)</i> | \$15 | <input type="checkbox"/> Charge my Visa/MasterCard <i>(print clearly)</i> | |
| <input type="checkbox"/> Spouse <i>(no publications)</i> | \$35 | Account Number _____ - _____ - _____ - _____ | |
| <input type="checkbox"/> Benefactor <i>(payable in 12 installments upon request)</i> | \$750 | Expiration Date _____ / _____ | |

Mail this completed form to the Chancellor General
Sr. Jeanette Block, OSL
401 Provincetown
Cape May, NJ 08204

*Members who contribute financially at a level of their membership status may receive available hard copies of the OSL periodicals *The Font* and *Sacramental Life*.