



30-Day Member Guest Pass

I, _____, do hereby request a 30-day membership to receive the service(s) of _____ from an IHCPO provider, _____, at _____.

With the signing of this **agreement**, I am stating that I have read and agree that we all, as people, have a Divinely given right to choose for ourselves any type of healing that we feel is best for our mind, body and spirit. These options include, but are not limited to all forms of (natural), Native American, indigenous healing, as well as energy and spiritual healing, whether traditional or non-traditional, conventional or non-conventional, as well as allopathic medicine.

In addition, I affirm and understand that members of the Turtle Healing Band, (an authorized "5" FC- IHCPO Tribal entity}, are protected by the First and Fourteenth Amendments to the US Constitution as well as the United Nations General Assembly (10 December 1948k Palais de Chailot, Paris). It is therefore outside the jurisdiction and authority of Federal, State, County, and City Agencies and Authorities concerning any and all complaints or grievances against the IHCPO Practitioners and Turtle Healing Centers. All member records are property of "5" FC- IHCPO Health Authority and are kept completely private.

I also attest that I am here solely on my behalf and not as an agent or representative for any Federal, State, County, or City Agencies. Furthermore, I do not represent any Massage Board, Medical Board, Zoning Board, Licensing Board, etc... Neither am I on a mission of entrapment or investigation on behalf of these or any other agencies, either on this or any subsequent visit.
(_____) **Initial Here**

Memorandum of Understanding

I agree to change my legal status as a public person or patient to a private member of the Turtle Healing Center whenever I receive goods and services from the members. I further understand it is entirely my sole responsibility to decide whether or not to follow the advice of my fellow members. I agree to hold the director(s), healers and/or providers, however they are titled and Turtle Healing Band from any and all unintentional liability resulting from such care, except for harm that results from instances from a clear and present danger of substantive evil as determined by "5"FC- IHCPO, as stated by the US Supreme Court.

I enclose the sum of \$10.00 as consideration for my affiliation and this 1-day membership contract. Any time within 30 days I can choose to become a full member for a yearly rate of \$35.00 and the \$10.00 will be deducted from the membership, and by these presents do hereby certify, attest and warrant that I have carefully read the above and foregoing Turtle Healing Band Application for Affiliate Membership and I fully understand and agree with same.

IN WITNESS WHEREOF I set my hand this _____ day of _____, 20____.

Members' Name (Please Print legibly)

Member' Signature

<i>Address</i>				
<i>City:</i>		<i>State:</i>		<i>Zip:</i>
<i>BirthDate (mm/dd/yyyy):</i>			<i>Email:</i>	
<i>Phone:</i>		<i>Cell:</i>		<i>Work:</i>
<i>Height:</i>	<i>Weight:</i>	<i>Eye Color:</i>	<i>Hair Color:</i>	<i>Gender:</i>

30-Day Member Fee:
\$10.00

If you choose to sign up as a full member, you will only be required to pay the remaining member fee of \$30.00.

Fees can be paid by check or cash to your IHCPO provider.

For IHCPO Healthcare Providers Only

This form can be faxed to 1-866-322-3779.

By signing below I acknowledge I have verified the member above, with a valid photo ID.

Signature of Authorized Nottaway Healthcare Provider

Date

