



## **TURTLE ISLAND MEMBERSHIP AGREEMENT**

The Turtle Island Provider Network is authorized to train, educate, and promote Certified Traditional Tribal Practitioners and Healers and provide Tribal healing centers for Tribal and Turtle Island members nationwide. Tribal Healthcare Providers include Medical Doctors, Osteopaths, Chiropractors, Naturopathic Medical Doctors, Naturopathic Doctors and many other certified healing modalities like nursing, massage, energy work, nutritional counselors, etc.

I/WE,

\_\_\_\_\_  
*(PRINT NAMES- MEMBER AND SPOUSE IF APPLICABLE)*

do hereby request membership under

\_\_\_\_\_  
*(PRACTITIONER AND/OR HEALING CENTER NAME)*

and benefits as described below and elsewhere on the website belonging to the described above. With the signing of this agreement, I/WE, are stating that I/WE have read and agree that I/WE, as people, have a Divinely given right to choose and perform 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 or earth based healing, energy and spiritual healing whether traditional or nontraditional, conventional or unconventional, as well as allopathic medicine.

In addition, I/WE affirm and understand that members of the Turtle Island Provider Network, (an authorized Tribal entity), are protected by the First and Fourteenth Amendments to the US Constitution as well as the United Nations General Assembly (10 December 1948, 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 Turtle Island Provider Network members and providers. All member records are the property of the Turtle Island Provider Network Tribal Health Authority and are kept completely private.

I/WE 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/WE 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.

(\_\_\_\_\_) *Initials* (\_\_\_\_\_) *Spouse's Initials- If applicable.*

### **Memorandum of Understanding**

I/WE agree to change my/our legal status as a public person or patient to private member of the Turtle Island Provider Network, whenever we receive goods and/or services from providers within a Turtle Island Healing Center. We further understand that it is entirely our own responsibility to consider the advice and recommendations offered to us by our fellow Turtle Island Provider Network members/providers and to educate ourselves as to the risks and desirability of same.

I/WE agree to hold the Director(s), Ministers, Healers, Practitioners, however they are titled, staff and other members of Turtle Island Provider Network harmless 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 Turtle Island Provider Network, as stated and defined by the US Supreme Court.

In addition, I/WE understand that since the Turtle Island Provider Network is protected by the First and Fourteenth Amendments to the U.S. Constitution, it is outside the jurisdiction and authority of Federal and State Agencies and Authorities concerning any and all complaints or grievances against the Turtle Island Provider Network, and Director(s), and members or other staff persons. All rights of complaints or grievances will be settled by Tribal arbitration in the Tribal court system and will be waived by the member for the benefit of the Turtle Island Provider Network and its members.

### **CONSTRUCTIVE NOTICE**

**Notice is hereby given to any person who enumerated in this Declaration that they may be in violation of our Civil and Constitutional Rights, Title 42, U.S.C 1983 et seq. Title 18, Sec 242, receives a copy of the Declaration, and who, acting under the color of law, intentionally interferes with the free exercise of the Rights retained by Turtle Island Provider Network members under the Ninth Amendment, as enumerated in this Declaration, that they may be in violation of our Civil and Constitution Rights, Title 42, U.S.C 1983 et seq. Title 18, Sec 241.**

I enclose the fees required as consideration for my affiliation and membership contract. I agree to pay these fees yearly, unless otherwise instructed. Said term beginning with the date of the signing of this contract, and by these presents do hereby certify, attest and warrant that I have carefully read the above and foregoing Turtle Island Provider Network's contractual membership agreement and I fully understand and agree with same.

	<b>Fees: (Paid yearly)</b>
\$35.00 for Member	\$5.00 for Member's Spouse
Free for Children 18 years old and under	\$5.00 for children 19- 26 yrs old (unmarried & living at home)

IN WITNESS WHEREOF I set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

*Member' Signature*

\_\_\_\_\_

*Spouse's Signature (If Applicable. If not, leave blank.)*

THESE FIELDS ARE REQUIRED!				
IF EACH APPLICABLE FIELD IS NOT COMPLETE, THE MEMBER WILL NOT BE PROCESSED				
<i>Member's Name: (PLEASE PRINT)</i>				<i>Date of Birth (mm/dd/yyyy):</i>
<i>Street Address:</i>	<i>City</i>	<i>State:</i>	<i>Zip:</i>	
<i>Phone:</i>		<i>Email:</i>		
<i>Height:</i>	<i>Weight:</i>	<i>Eye Color:</i>	<i>Hair Color:</i>	<i>Gender:</i>
<i>Spouse's Name (If applicable- PLEASE PRINT):</i>				<i>Date of Birth (mm/dd/yyyy):</i>
<i>Height:</i>	<i>Weight:</i>	<i>Eye Color:</i>	<i>Hair Color:</i>	<i>Gender:</i>
<i>1<sup>st</sup> Child's Name (If applicable- PLEASE PRINT):</i>				<i>Date of Birth (mm/dd/yyyy):</i>
<i>Height:</i>	<i>Weight:</i>	<i>Eye Color:</i>	<i>Hair Color:</i>	<i>Gender:</i>
<i>2<sup>nd</sup> Child's Name (If applicable- PLEASE PRINT):</i>				<i>Date of Birth (mm/dd/yyyy):</i>
<i>Height:</i>	<i>Weight:</i>	<i>Eye Color:</i>	<i>Hair Color:</i>	<i>Gender:</i>
<i>3<sup>rd</sup> Child's Name (If applicable- PLEASE PRINT):</i>				<i>Date of Birth (mm/dd/yyyy):</i>
<i>Height:</i>	<i>Weight:</i>	<i>Eye Color:</i>	<i>Hair Color:</i>	<i>Gender:</i>
<i>4<sup>th</sup> Child's Name (If applicable):</i>				<i>Date of Birth (mm/dd/yyyy):</i>
<i>Height:</i>	<i>Weight:</i>	<i>Eye Color:</i>	<i>Hair Color:</i>	<i>Gender:</i>
<i>5<sup>th</sup> Child's Name (If applicable):</i>				<i>Date of Birth (mm/dd/yyyy):</i>
<i>Height:</i>	<i>Weight:</i>	<i>Eye Color:</i>	<i>Hair Color:</i>	<i>Gender:</i>

REQUIRED - FOR PROVIDERS ONLY TO FILL OUT

Is this person(s) renewing their yearly membership? Yes \_\_\_\_ No \_\_\_\_

Is a person applying the spouse or child of a current member? Yes \_\_\_\_ No \_\_\_\_ If yes, provider their name? \_\_\_\_\_

Please check all that apply (This only applies to those who are signing up with this form):  
 1 Spouse \_\_\_\_ Both Spouses \_\_\_\_ Child under 18 \_\_\_\_ How many children under 18? \_\_\_\_  
 Child 19-26 yrs old (unmarried & living at home) \_\_\_\_ How many children over 19? \_\_\_\_

*Provider Notes:*