

# Facilitators Association of Integrated Therapies for Health

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## Application to Become a Member

I, \_\_\_\_\_, hereby apply to become a Member of this private education and information sharing association. I include in my membership the members of my family and dependents herein listed on this application.

1. I understand Association is a private education association formed under the First, Fourth, Fifth, Ninth, Tenth and Fourteenth Amendments to the U.S. Constitution and Section Two of the 1982 Canadian Charter of Rights and Freedoms to grant me, my family and my dependents all the rights and protections set forth therein anywhere in the United States and Canada.

2. I understand and assert my right to freedom of expression both spoken and written and the right to freedom of assembly guaranteed to me, my family and my dependents under the First Amendment to the United States Constitution; and under Section Two of the 1982 Canadian Charter of Rights and Freedoms.

3. I understand and assert my right to privacy and the inalienable human right of self-determination and all of the other freedoms guaranteed to me, my family and dependents under the Fourth and Ninth Amendments to the United States Constitution; and under Section Two of the referenced 1982 Canadian Charter.

4. I understand and assert my right for me, my family and my dependents to all of the freedoms and rights not specifically granted to the federal government nor prohibited to the state governments by the Constitution as stipulated in the Tenth Amendment to the United States Constitution; and under Section Two of the referenced 1982 Canadian Charter.

5. I understand and assert all of my civil rights, including the rights of due process and equal protection under the law, guaranteed by the Fifth and Fourteenth Amendments to the United States Constitution, and the referenced 1982 Canadian Charter which guarantees these rights to me, my family and my dependents.

6. I hereby invoke my right against self-incrimination for the opinions voiced in any media by myself, my family and my dependents as guaranteed in the First and Fifth Amendments to the United States Constitution, and the referenced 1982 Canadian Charter, on the basis that our opinions are thus protected and may change from time to time.

7. I understand it is my responsibility to maintain the confidentiality of all communications between me and other Association members. I also understand it is my responsibility to maintain the confidentiality of all communications of an Association member I hear or inadvertently overhear at any time. I further understand that anything I say or write is communicated under the umbrella of Association and is, and will be held absolutely confidential.

8. I acknowledge and understand the Association coaches are trained and qualified to competently coach, demonstrate, educate, empower, facilitate, instruct, mentor, supervise, teach, train and tutor me, my family and dependents to make my own decisions regarding my own health, natural therapies, nutrition and wellness and that of my family and dependents.

9. I understand I am responsible for the results my decisions have on me, my family and my dependents; and I hold Association and all members of Association harmless for all harm I may cause myself or others because of my decisions. I also understand Association does not carry malpractice insurance because all members of Association take full responsibility for any harm that may be caused to them, their family and their dependents as a result of their own decisions.

10. I acknowledge that I have read, understand and at any time, may request copies of Association's Code of Professional Ethics, Policies and Procedures and List of Services offered. Any questions I may have had were answered to my satisfaction.

11. I understand Association does not engage in or allow any discrimination of any kind based on age, birthplace, creed, disability, disease, education, employment, family, family heritage, gender, health issues, heritage, illness, language, livelihood, mental capacity, nationality, opinions, personality quirks, place of residence, race, skin color or any other known or observable difference between people.

12. I declare that I have read and understand this application and am qualified to make this decision to join Association to experience the services offered and learn how to improve and manage my own health, nutrition, therapies and wellness, and that of my family and my dependents.

I confidentially apply to join Association herein disclosed, under the 1st, 4th, 5th, 9th, 10th and 14th Amendments to the US Constitution and Section Two of the 1982 Canadian Charter of Rights and Freedoms. I hereby claim sanctuary under these rights and freedoms, and in token hereof sign this application without prejudice under UCC 1-308 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Member's Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Best Phone Contact: \_\_\_\_\_

Other Phone Contact: \_\_\_\_\_

Best E-mail Contact: \_\_\_\_\_

Other E-mail Contact: \_\_\_\_\_

List of my family members / dependents under the age of 18 to be included in my membership:

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