Soulful Wellness, LLC

Private Membership Health Association

Why:

Within a private membership association, members agree to make their own decisions concerning their health and what modalities they wish to incorporate.

This private membership association gives you and all members freedom in options to restore health and harmony in life on this Earth. This association is here to provide you with education, information and services that you so choose.

You must be a member to receive certain information and services.

Member Benefits:

Access to Member Services and Alternative Modalities

Conversations about specific health questions

Email news / information

Protection of the Freedom of Association as guaranteed by the 1st and 14th Amendments of the US Constitution.

Membership Contract (2 pages)

Soulful Wellness, LLC Private Membership Health Association

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I agree to be a member of this private association and have paid a fee to do such. I have read this document and agree to its declarations.
2. I agree it is my right as a citizen of the United States and according to its Constitution and laws to maintain my freedom of choice for all matters regarding my health.
3. I believe it is beneficial to join together with others in this association for the purpose of physical, emotional, and spiritual well-being.
4. As an association, we proclaim the freedom to choose and perform for ourselves the types of products, therapies, and treatment modalities that we think best for our own personal optimum wellness.
5. This association supports alternative care modalities.
6. There is no doctor/patient relationship in this organization rather the only contract is with a member to a member.
7. It is my own responsibility to consider any recommendations given and to decide for myself a plan of action.
8. I will hold no grievance against this association. Any and all disputes will be settled within the association and no legal action will be taken.
9. I will maintain my own records and waive any rights to privacy or action thereof.
10. I understand my association here is not a replacement for my primary care physician and I should seek advice from my medical provider should I have further questions about my health.
11. As a member, I am choosing to accept the goal of helping by body function better by following techniques that are safe and have a good chance to be successful. If I choose to forego modalities and medications recommended by others, I fully accept the risk of that choice.
12. My activities in this association are a private matter and I refuse to share with the State Medical Board, the FDA, Medicare, Medicaid, or my own insurance company. All records and documents are private property. I agree not to file any malpractice lawsuit against any member of this association unless that member has exposed me to a clear and present danger of substantive evil. I acknowledge that the members of the association do not carry malpractice insurance.
13. I enter into this agreement of my own free will or on behalf of my dependent without any pressure or promise of cure.
14. I affirm that I do not represent any state or federal agency whose purpose is to regulate the practice of medicine
15. I have read and understand this document and I understand I may withdraw my membership at any time.
16. I am paying a fee to be a member of this association. The fee schedule is as follows:
    1. If joining between Jan. to June of the year, the fee is $20.00 and expires at the end of said calendar year.
    2. If joining between July to Dec. of the year, the fee is $10.00 and expires at the end of said calendar year. $20.00 billed at the start of the next calendar year.

In Witness Whereof this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

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Member’s name (or legal guardian if under 18)

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Member’s signature (or legal guardian if under 18)

Member’s Address and Phone:

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Street

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City / State / Zip

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Home/ Cell / Work phone numbers

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Email / please state yes or no if you wish to receive information via email

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Signed by Souful Wellnes, LLC Private Membership Association representative Date

My Membership Expiration Date is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_