



NURTURE BY NATURE, PMA
(A PRIVATE MEMBERSHIP ASSOCIATION)
MEMBERSHIP CONTRACT

I/we, _____, for membership fee paid in hand, do hereby apply for membership in NURTURE BY NATURE, PMA, a private membership organization. With the signing of this membership agreement I/we accept the offer made to become a member of NURTURE BY NATURE, PMA and have read and agree with the following Declaration of Purpose from Article I of NURTURE BY NATURE, PMA'S Articles of Association.

ARTICLE I

Declaration of Purpose

- 1. This Association of members hereby declares that our main objective is to maintain and improve the civil rights, constitutional guarantees, and political freedom of every member and citizen of the United States of America and that our rights to form this Private Membership Association are granted by the United States Constitution.
2. We believe that the First Amendment of the Constitution of the United States of America guarantees our members the rights of free speech, petition, assembly, and the right to gather together for the lawful purpose of advising and helping one another in asserting our rights under the Federal and State Constitutions and Statutes.
3. We declare the basic right of all of our members to select spokesmen from our number who could be expected to give wisest counsel and advice concerning the need for physical and mental health care and general wellness, and to select from our number those members who are the most skilled to assist and facilitate the actual performance and delivery of assessment and care.
4. We proclaim the freedom to choose and perform for ourselves the types of therapies and modalities that we think best for assessing, caring for and further preventing illness and disease of our minds and bodies and for achieving and maintaining optimum wellness.
5. Specifically, the mission of our Association is to provide members with the highest quality and most effective methods of care.
6. The Association will recognize any person (irrespective of race, gender, creed or religion) who is in accordance with these principles and policies as a member, and will provide a medium through which its individual members may associate for actuating and bringing to fruition the purposes heretofore declared.

MEMORANDUM OF UNDERSTANDING

I understand that the fellow members of the Association that provide services and care, do so in the capacity of a fellow member and not in the capacity as a licensed health care provider. I further understand that within the association no doctor-patient relationship exists but only a contract member-member Association relationship. In addition, I have freely chosen to change my legal status as a public patient, customer or client to a private member of the Association. I further understand that it is entirely my own responsibility to consider the advice and recommendations offered to me by my fellow members and to educate myself as to the efficacy, risks, and desirability of same and the acceptance of the offered or recommended diagnosis, therapy, treatment and care is my own carefully considered decision.

an exercise of my rights and made by me for my benefit, and I agree to hold the Trustee(s), staff and other worker members and the Association harmless from any unintentional liability for the results of such care, except for harm that results from instances of a clear and present danger of substantive evil as determined by the Association, as stated and defined by the United States Supreme Court.

The Trustees and members have chosen Tracy A. Abraham and Jason J. Abraham as the persons best qualified to perform services to members of the Association and entrust them to select other members to assist them in carrying out that service.

I understand that, since the Association 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 Association, any Trustee(s), members or other staff persons. All complaints or grievances will be settled by non-judicial arbitration within the Association. Because the privacy and security of membership records maintained within the Association have been held to be inviolate by the U.S. Supreme Court, such records are strictly protected and can only be released upon written request of the Member involved.

I agree to join the Association, a private membership association under common law, whose members seek to help each other achieve better health and live longer with good quality of life.

I understand that the doctors, nurses, and other providers who are fellow members of the Association may offer me advice, services, and benefits that do not necessarily conform to conventional medical, health and wellness care and education. I do not expect these benefits to include on-call coverage, hospital care, or the usual and customary care provided by most physicians or technicians.

As a member, I accept the goals of helping my body function better and choosing techniques that are both very safe and have a reasonably good chance to succeed, realizing that no diagnostic technique or treatment is foolproof. I fully accept the risk that I might suffer serious consequences from that choice. Other aspects of informed consent will take place in my discussions with the providers and my fellow members of the Association.

My activities within the Association are a private matter that I refuse to share with any agency, Medical Board, the FDA, FTC, Medicare, Medicaid or my own insurance company. All records and documents remain as property of the Association, even if I receive a copy of them. I fully agree not to file a malpractice lawsuit against a fellow member of the Association, unless that member has exposed me to a clear and present danger of substantive evil.

I enter into this agreement of my own free will or on behalf of my dependent without any pressure or promise of cure. I affirm that I do not represent any State or Federal agency whose purpose is to regulate and approve products. I have read and understood this document, and my questions have been answered fully to my satisfaction. I understand that I can withdraw from this agreement and terminate my membership in this association at any time.

I understand that the membership fee entitles me to receive those benefits declared by the Trustee(s) to be "general benefits" free of further charge. I agree to pay as levied those benefits that I receive that are declared by the Trustees to be "special assessments" per Fee Schedule to be determined.

INTERNATIONAL MEMBERS

The benefits and objectives of this Association pertain to all law-abiding citizens of any countries around the world whose constitutional provisions embrace similar rights and freedoms as those in our United States of America. If located outside of the United States, I also understand that the Association is created and protected under the International Covenant on Civil and Political Rights, as ratified by the United Nations General Assembly, pursuant to (among others) Part III, Articles 21 & 22 et. seq. regarding the Right of Peaceful Assembly and Freedom of Association.

I enclose the sum of \$10.00 as consideration for my one-time lifetime membership contract, 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 NURTURE BY NATURE, PMA Contractual Application for Membership and I fully understand and agree with same.

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

Member's Name (Please Print Legibly) (and name of legal guardian if applicant under 18 years)

Member's Signature (and signature of legal guardian if applicant under 18 years)

Street City State Zip Code

Home/Work/Cell #s email address

Trustee Signature; Approval Date