*Family Wholistic Wellness*

**APPLICATION TO BECOME A MEMBER**

Family Wholistic Wellness, LLC, hereinafter “Association”, serves to bring holistic living awareness, support, education, and resources to its members. The Association treats members in accordance with holistic principles and provides services and products for no other purpose than the total well being of its members. The Association does not diagnose, prescribe or provide any service or product, which requires a license unless specifically licensed to do.

Joining the Association as a member does not include any ownership interest in the Association.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby apply to become a member of Family Wholistic Wellness, LLC, hereinafter “Association”, a private membership of education and information sharing association. I include in my membership the members of my family, dependents and any pets herein listed on this application. I understand there is a one-time membership fee of $10.00, which covers myself, the members of my family, dependents and any pets herein listed on this application.

1. I understand it is my responsibility to maintain the confidentiality of all communication between me and other Association members. I also understand it’s my responsibility to maintain the confidentiality of all communication of an Association member spoken or me, or inadvertently overheard at any time. I further understand that anything I say or write is communicated under the umbrella of the Association and is, and will be, held absolutely confidential.
2. I acknowledge and understand the Association coaches are trained to competently coach, demonstrate, educate, empower, facilitate, instruct, mentor, supervise, teach, train and tutor therapies, nutrition and wellness.
3. I understand that the Association is offering advice, services, benefits and products that do not necessarily conform to conventional medical care or have been tested and approved by the U.S. Food and Drug Administration (FDA).
4. I understand that I am responsible for the results that my decisions have on me, my family, my dependents, and my pets. I hold the Association and all members of the Association harmless for all harm I may cause myself or others because of my decisions. I also understand that the Association does not carry malpractice insurance because all members of the Association take full responsibility of any harm that may be caused to them, their family, their dependents, and their pets as a result of their own decisions.
5. I understand that the results may vary from member to member and that Association provides no guarantee as to the results that may occur from participating in the services, education, information, products, and knowledge provided.
6. I understand that the Association does not participate in any medical insurance plans or collections on behalf of the member. I fully understand that the benefits I receive from the Association are not covered by insurance.
7. I understand that the Association does not engage in or allow any discrimination of any kind, including but not limited to: 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.
8. I understand that this application includes me, my family, dependents and pets for all coaching services requested or approved by me, including: demonstrating, discussing, education, facilitating, instruction, mentoring, questioning, supervising, teaching, testing, training, and tutoring any of us to empower us to make our own decision regarding our health, lives, nutrition, therapies, and wellness, and that of our dependents and pets.
9. I understand the Association is a limited liability company and is providing a private health education association formed under the First, Fourth, Fifty, Ninth, Tenth, and Fourteenth Amendments to the United States Constitution as well as under the Missouri Constitution and Title 23 and grant to me, my family, and my dependents all the rights and protections set for therein anywhere in the United States.
10. I understand and assert my right to freedom of expression, both spoken and written, and the right of freedom to assembly guaranteed to me, my family, and my dependents under the First Amendment to the United States Constitution.
11. I understand and assert my right to privacy and alienable human right of self-determination under the Fourth and Ninth Amendments to the United States Constitution.
12. I understand and assert for myself, my family, and dependents all of the freedoms and rights not specifically granted to the federal government nor prohibited to the freedom of rights to the state government by the Constitution as stipulated in the Tenth Amendment to the United States Constitution.
13. I understand and assert all of my civil rights, including the right of due process and equal protection under the law, guaranteed by the Fifth and Fourteenth Amendments to the United States Constitution which guarantees these rights to me, my family, and my dependents.
14. 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 Fourth Amendments to the United States Constitution on the basis that our opinions are thus protected and may change from time to time.
15. I understand that by joining the Association as a member and paying the membership fee, I am not purchasing any ownership interest in Family Wholistic Wellness LLC. Furthermore, I am not entitled to share in any profits nor make business or management decisions on behalf of Family Wholistic Wellness, LLC.
16. I declare that I have read and understand this application and am qualified to make this decision to join the 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 confidently apply to **join the Association herein disclosed as a member**, under the 1st, 4th, 5th, 9th, 10th, and 14th Amendments to the United States Constitution. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**List of family members and dependents (17 years and younger) to be included in my membership:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**List of pets to be included in my membership:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**