



TURTLE HEALING BAND MEMBERSHIP AGREEMENT

(Authorizing Healing Centers & Clinics of the Indigenous HealthCare Practitioners Organization)

The Turtle Healing Band is authorized by the Indigenous HealthCare Practitioners Organization to train, educate, and promote Certified Traditional Tribal Practitioners and Healers and provide tribal healing centers and clinics for tribal and Indigenous HealthCare Practitioners Organization 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.

Member Agreement

I/WE, _____ (**PRINT NAMES**) do hereby request membership under _____ (**Practitioner and/or Healing Center**) 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 we all, 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 Healing Band, (an authorized IHCPO 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 Indigenous HealthCare Practitioners Organization members. All member records are the property of IHCPO 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. (_____) **Initial Here** (_____) **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 Healing Band, whenever we receive goods and services from other members within a Turtle Healing Center. We further understand that it is entirely our own responsibility to consider the advice and recommendations offered to us by our fellow IHCPO members 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 Healing Band 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 the IHCPO, as stated and defined by the US Supreme Court.

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 Indigenous HealthCare Practitioners Organization (IHCPO) 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 Healing Band's contractual membership agreement and I fully understand and agree with same.

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

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

Members' Name (Please Print legibly)

Member's Signature

Spouse's Name (Please Print Legibly)

Spouse's Signature

Member's Name:				Date of Birth (mm/dd/yyyy):	
Address					
City:		State:		Zip:	
Email:					
Phone:		Cell:		Work:	
Height:	Weight:	Eye Color:	Hair Color:	Gender:	
Spouse's Name (If applicable):				Date of Birth (mm/dd/yyyy):	
Height:	Weight:	Eye Color:	Hair Color:	Gender:	
1st Child's Name (If applicable):				Date of Birth (mm/dd/yyyy):	
Height:	Weight:	Eye Color:	Hair Color:	Gender:	
2nd Child's Name (If applicable):				Date of Birth (mm/dd/yyyy):	
Height:	Weight:	Eye Color:	Hair Color:	Gender:	
3rd Child's Name (If applicable):				Date of Birth (mm/dd/yyyy):	
Height:	Weight:	Eye Color:	Hair Color:	Gender:	
4th Child's Name (If applicable):				Date of Birth (mm/dd/yyyy):	
Height:	Weight:	Eye Color:	Hair Color:	Gender:	
5th Child's Name (If applicable):				Date of Birth (mm/dd/yyyy):	
Height:	Weight:	Eye Color:	Hair Color:	Gender:	

FOR PROVIDERS ONLY TO FILL OUT

Is this person the spouse or child of a current member? Yes _____ No _____

If so, please provide the current member's 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 18-26 yrs old (unmarried & living at home) ____ How many children over 18? ____

Provider Notes: