

BRIDGE TO WELLNESS GROUP, INC.
(A Private Healthcare Membership Association)
MEMBERSHIP CONTRACT

I, _____, for lifetime membership fee paid in hand, do hereby apply for membership in Bridge to Wellness Group, Inc., a private healthcare membership organization. With the signing of this membership agreement, I/we accept the offer made to become a private member of Bridge to Wellness Group, Inc. and have read and agree with the following Declaration of Purpose from Article I of Bridge to Wellness Group, Inc. Articles of Association.

ARTICLE I, DECLARATION OF PURPOSE

1. This Association of members hereby declares our civil right, constitutional guarantees, and political freedom in the USA.
2. We believe that the 1st Amendment of the U.S. Constitution 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, asserting our rights under Federal and State Constitutions and Statutes.

IT IS HEREBY Declared that we are exercising our right of “freedom of association” as guaranteed by the 1st and 14th Amendments of the U.S. Constitution and equivalent provisions of the various State Constitutions. This means that our association activities are restricted to the private domain only.

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 assistance and to select from our membership those members who are the most skilled to educate, assist and facilitate the actual performance and delivery of therapy, treatment and care, as well as recommend products and the use of electronic instruments and subtle energy devices.
4. We proclaim the freedom to choose and perform for ourselves the most advanced types of products, technologies, and modalities that we think best for the restoration of our self-healing abilities. We proclaim the freedom to choose and perform for ourselves the types of therapies and modalities for assessing, achieving and maintaining optimum wellness of our minds and bodies. We proclaim and reserve the right to include health options that include but are not limited to cutting edge modalities practiced or used by any types of therapists or practitioners the world over whether traditional, nontraditional, conventional or unconventional.
5. More specifically, the mission of our Association is to provide members with the highest level of quality care and the most effective methods of care. Our Association understands that wellness has many dimensions and strives every day to stay on the leading edge of new products and technology. The Association provides advanced products and utilizes technologies for assessing a member’s health and provides the most effective care at an affordable fee. More specifically, the Association specializes in Electro-Dermal Screening, Non-Cognitive Biofeedback, Electro-Acupuncture according to Voll (EAV), Massage Therapy, Cranio-Sacral Therapy, Sound Therapy, Color Therapy, Resonance Repatterning, Lymph Drainage Therapy, Topical Clay Packs, the use and selling of food/herbal supplements, homeopathic remedies and other products, and providing nutritional guidance and traditional naturopathic care for optimization of health and well-being, as alternates for service and benefits to members. However, the Association is not limited to the aforementioned products or services.
6. The Association will recognize any man or woman (irrespective of race, color 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 theretofore declared.

MEMORANDUM OF UNDERSTANDING

I understand that the fellow members of the Association that provide education 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 client to a private member of the Association. I further understand that it is entirely my own responsibility to ask my Primary Health Care Physician before considering the advice and recommendations offered 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 therapy, care, modality, program, and products is my own carefully considered decision. Any request by me to a fellow member to assist me or provide me with the aforementioned care is my own free decision in 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 and as stated and defined by the United States Supreme Court.

The Trustee and members have chosen Lisa Setser as the one best qualified to perform services to members of the Association and entrust her to select other members to assist her in carrying out that service.

In addition, I understand that since the Association is protected by the 1st and 14th 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 member. All rights of complaints or grievances will be settled by the Association Trustee and will be waived by the member for the benefit of the Association and its members. Because the privacy and security of membership records maintained within the Association which have been held to be inviolate by the U.S. Supreme Court, the undersigned member waives HIPAA privacy rights and complaint process. Records kept by the association will be strictly protected and only released upon written request of the member. I agree that violation of any waivers in this membership contract will result in a no contest legal proceeding against me. In addition, the Association does not participate in any medical insurance plans or collections on behalf of the member.

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 doctor, therapist and other providers who are fellow members of the Association are offering me advice, services, and benefits that do not necessarily conform to conventional medical care. I do not expect these benefits to include a medical "cure", on-call coverage, hospital care, or the usual and customary care provided by most physicians. I will receive such primary and specialist care elsewhere. I fully understand that the benefits I receive from the Association are not covered by my health insurance and not by Medicare.

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 evaluation technique or remedy is foolproof. If I choose to forgo drugs, surgery, or radiation that has been recommended to me by others, 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 the State officials, the State Medical Board, the FDA, Medicare, Medicaid or my own insurance company without expressed specific permission from the Association. 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 acknowledge that the members of the Association do not carry malpractice insurance.

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 the practice of medicine. 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. These pages and Article I of the 6 Articles of Association of the Association consist of the entire agreement for my membership in the Association, and they supersede any previous agreement.

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.

I enclose/pay the sum of \$1.00 as consideration for my 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 Bridge to Wellness Group, Inc. 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 (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)**

Member's Address and Phone Number:

Street Address

Apartment #

City, State, Zip Code

Home Phone #

Work Phone #

Cell Phone #

BRIDGE TO WELLNESS GROUP, INC.

By _____

Approved and accepted this _____ day of _____, 20_____.

Bridge to Wellness Group, Inc.
8504 Precinct Line Rd, Suite 140
Colleyville, TX 76034