

# *Abell Health Alliance*

## **A Private Ministerial Association**

Dear Member,

We are pleased to offer you Abell Health Alliance services.

Included is a private membership in Abell Health Alliance and waiver form for Abell Health Alliance Member.

Abell Health Alliance is a lawfully formed Private Ministerial Association dedicated to providing all manner of education, services, assistance, private business, and ministry as aligned with the Association philosophies.

The following forms explain this relationship and the rights, benefits and responsibilities associated with membership.

Thank you,

*Abell Health Alliance Administration*

## **Abell Health Alliance, A Private Ministerial Association Membership Agreement/Waiver Form**

**Overview:** I do hereby apply for membership in Abell Health Alliance private ministerial association, hereafter termed Abell Health Alliance. With the signing of this membership agreement, I accept the offer made to become a member of Abell Health Alliance and have read and agree with the following Declaration of Purpose, Preamble and Memorandum of Understanding.

**Declaration of Purpose:** The Ministry is organized for educational, spiritual, and beneficent purposes, and in part for worship, and is established under the exclusive jurisdiction of the Bylaws and Ecclesiastical Law of Abell Health Alliance, for furthering the upliftment and enlightenment of all people throughout the World and the betterment of life on planet Earth. The formation of the offices of Trustees and Director does not incorporate the spiritual society, Abell Health Alliance, must always remain unincorporated. Abell Health Alliance will provide and share parental guidance through a developmentally appropriate approach for their children. Abell Health Alliance founders and its members (including parents) can freely share, discuss, and exchange information and services by members of Abell Health Alliance while keeping all business within the private domain.

**Membership:** By consenting to the Membership Agreement provided, members are granted the following rights and benefits:

- Right to detailed informed consent about the services rendered, and what to expect.
- Complaints against a Abell Health Alliance member must be submitted in writing to Abell Health Alliance within three months of the incident of complaint. These will be sent to the Person, Committee, or Tribunal designated by Abell Health Alliance for evaluation and remediation action.
- Upon request, access to the Association's Bylaws.
- Guarantee that all personal information of the Member will remain within Abell Health Alliance.
- Membership with Abell Health Alliance will remain intact unless the member submits in writing their desire to withdraw membership or membership is terminated by The Association in accordance with bylaws.

**Preamble:** Members in Abell Health Alliance choose to operate pursuant to the Constitution of the United States of America, the Constitutions of the various States of the United States of America, and the Universal Declaration of Human Rights which guarantees our members the rights of free speech, petition, assembly, and the right to gather for the lawful purpose of advising

and helping one another in asserting our rights under law. 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. We proclaim the freedom to choose for ourselves the type of education, products, services we use. We encourage our members to perform their own research. Specifically, the mission of Abell Health Alliance is to be in the world, but not of the world, and to act in accordance with Nature and Natures God, the creator, and serve as stewards with the dominion over all earthly things as commanded by our creator. Abell Health Alliance will recognize any people (irrespective of age, race, creed, gender, sexual orientation, or religion) who has been approved as a member and acts 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.

### **Memorandum of Understanding**

I, \_\_\_\_\_ understand that members, teachers, instructors, and service providers within Abell Health Alliance are or may not be licensed educators, teachers, or coaches. I understand that within Abell Health Alliance a private contractual relationship exists as a contract member to member association relationship. I have freely chosen to become a private member of Abell Health Alliance heretofore declared Association and thereby change my legal capacity as a public person, customer, or client to a private member of Abell Health Alliance.

- I understand that, since The Association is protected by the applicable 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 rights of complaints or grievances will be settled by an Association designee, committee, or tribunal and will be waived by the member for the benefit of The Association and its members. By agreeing to this membership form I agree that I have sought sufficient education to determine that this is the course of action I want to take for myself and my children.
- Because the privacy and security of membership records maintained within The Association, which are held to be inviolate by the U.S. Supreme Court, the undersigned member waives HIPAA privacy rights and complaint process. However, any medical or healthcare records kept by members of The Association will be strictly protected and only released upon written request of myself as a member.
- I agree that violation of any waivers in this membership contract will result in a no contest legal proceeding against me.

- Other aspects of informed consent may take place in my discussions with the providers and my fellow members of The Association.
- As I am voluntarily choosing this method of education and service providers, I will not hold The Association or its members financially liable for any particular outcome.

I agree to join Abell Health Alliance, a private ministerial association under common law, whose members seek to help each other achieve better health, education, and good quality of life. My activities within The Association are a private matter that I refuse to share with the State or local Board of Education or other governmental regulatory agency without expressed specific permission. All records and documents remain as property of The Association, even if I receive a copy of them. I fully agree not to pursue any course of legal action against a fellow member of The Association, unless that member has exposed me to a clear and present danger of substantive evil, and upon the recommendation and approval of the Association. I enter into this agreement of my own free will without any pressure or coercion. I affirm that, as a private member I do not represent any Local, State or Federal agency whose purpose is to regulate and approve products, services, or practices, or to carry out any mission of enforcement, entrapment, or investigation. 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, and that my membership can and will be revoked if I engage in abusive, violent, menacing, destructive or harassing behavior towards any other member of The Association. These pages consist of the entire agreement for my membership in The Association.

Payment of any dues, fees or program costs, if applicable, and delivery of these signed documents to an Association representative is considered sufficient for my one-time membership contract. Term begins with the date of submission of this contract.

Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This is the end of this document.**