

# VIC Fellowship

4371 Northlake Blvd, #333  
Palm Beach Gardens, Fl 33410  
vacinfo.org / 954-347-9671

## Member Application

I, \_\_\_\_\_, hereby apply to become a Member of the above named Association, hereinafter called "Association," which is a private membership business association.

1. ABOUT ASSOCIATION. I understand Association is a private membership business association formed under the Bill of Rights in the U.S. Constitution and the 1982 Canadian Charter of Rights and Freedoms and all amendments and federal laws that support and guarantee these privileges of personal freedom in the USA and Canada.

2. BENEFITS. I understand I am entitled to all of the benefits of Membership in Association including the privilege to include my family, dependents and pets in my membership.

3. EMPOWER MEMBERS. I understand Association's primary responsibility is to coach, demonstrate, discuss, educate, facilitate, instruct, mentor, supervise, teach, train and tutor myself and my family to empower us to make all of our own decisions regarding own health, nutrition, quality of life, therapies, and wellness by using the coaching skills, techniques and tools that Association agrees to teach us.

4. CONFIDENTIALITY. I understand that I am responsible for the content of all my oral, recorded audio, video and written communications. I also understand it is my responsibility to maintain the confidentiality of all communications between me and other Association members.

5. FREEDOM TO PEACEFUL ASSEMBLY. I understand Association is formed as a Peaceful Assembly Association for the peaceful purpose of coaching, educating and helping each other improve our health, nutrition, quality of life, therapies and wellness without causing harm to others.

6. FREEDOM OF CHOICE AND SELF DETERMINATION. I understand as a Member of Association, my family and I are constitutionally guaranteed the right to diagnose ourselves, determine our own treatment plan for health, nutrition, quality of life, therapies and wellness; and attempt to cure ourselves using all of the resources available to us. Upon request, the Association staff will refer us to qualified, properly licensed professionals to obtain these services.

7. FREEDOM OF SPEECH AND SELF-EXPRESSION. I understand as an Association Member my family and I are guaranteed freedom of speech and the right of self-expression.

8. FREEDOM OF PRIVACY AND CONFIDENTIALITY. I understand my family and I are constitutionally guaranteed the right to privacy and confidentiality of all communications of any kind between Members and all records concerning my family and me.

9. FREEDOM FROM DISCRIMINATION. I understand my family and I will not be discriminated against on the basis of age, appearance, attitude, beliefs, clothing, color, creed, diet, disabilities, economic status, education, emotional issues, eyesight, family heritage, gender, health, hearing, intelligence, mental issues, occupation, place of residence, psychological issues, race, religion, sexual preferences, size, spirituality, temperament, weight or anything that may make us perceived to be different from some other people.

10. OTHER RIGHTS. I understand my family and I are guaranteed the rights to protection afforded by the Bill of Rights known as the Civil Rights Amendments which are the first fourteen amendments to the US Constitution and the 1982 Canadian Charter of Rights and Freedoms.

11. MY FAMILY RESPONSIBILITY. My family and I assume full responsibility for our own decisions regarding our own health, nutrition, quality of life, therapies and wellness and those of our minor children, dependents and pets. We take full responsibility to diagnose, treat, cure or attempt to cure our own emotional, medical, mental, physical and psychological concerns, conditions, diseases, disorders, issues, symptoms and trauma for ourselves, our minor children, dependents and pets; or to seek properly licensed professionals to diagnose, prescribe, treat and cure or attempt to cure myself, my family, dependents and pets.

12. Check all that apply.

\_\_\_\_ I agree to all of the above.

\_\_\_\_ My spouse is also included in my membership

If in doubt regarding these four items, guess the highest probable number:

\_\_\_\_ I have \_\_\_\_ (number) emancipated children in my membership

\_\_\_\_ I have \_\_\_\_ (number) minor children in my membership

\_\_\_\_ I have \_\_\_\_ (number) other dependents in my membership

\_\_\_\_ I have \_\_\_\_ (number) of pets included in my membership

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

Printed Name: \_\_\_\_\_

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

City, County, State, Zip Code: \_\_\_\_\_

Best Phone Contact: \_\_\_\_\_

Backup Phone Contact: \_\_\_\_\_

Best E-mail Contact: \_\_\_\_\_

Backup Email: \_\_\_\_\_

DL # \_\_\_\_\_

I hereby swear or affirm that for the purpose or purposes of my participation and/or attendance today and throughout this event, I am not in any way employed, contracted or affiliated with the department of health or similar entity.