



QuantaFoods Association Membership Application

I hereby apply for lifetime membership with fee paid in hand of \$9.99 in QuantaFoods Association, a private healthcare membership organization. With the signing of this membership agreement I/we accept the offer made to become a private member of QuantaFoods Association and have read and agree with the following Declaration of Purpose from Article I of QuantaFoods Association's Articles of Association: This Association of members hereby declares our civil rights, constitutional guarantees, and political freedom in the USA. We believe that the 1st Amendment of USA 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 in asserting our rights under Federal & State Constitutions & Statutes. 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 number those members who are the most skilled to educate and facilitate the actual delivery of natural nourishment products to its members as alternates to other medications. We proclaim the freedom to choose and perform for ourselves the most advanced types of nourishment products, technologies and modalities that we think best for the restoration of our self-healing abilities via the doctor within our bodies to achieve and maintain optimum wellness. We proclaim and reserve the right to include health options that include but are not limited to cutting edge products, technologies, modalities and therapies practiced or used by many practitioners the world over whether traditional or nontraditional, conventional or unconventional. More specifically, the mission of our Association is to provide members with education along with products that nourish and nurture the body's doctor within or "the inner physician." We believe what Hippocrates stated over 2400 years ago *"Everyone has a doctor in him or her; we just have to help it in its work. The natural healing force within each one of us is the greatest force in getting well. Our food should be our medicine."* Thus, we trust in nature's wisdom and ecosystem cycles to NOURISH and RESTORE inner physician function in a world alienated from nature with massive ecosystem instability and disruption. This approach takes healthcare from a focus on disease to a participatory mode that focuses on wellness by nourishing and removing stressors that inhibit inner physician function instead of merely treating symptoms. The Association provides food products and technologies needed to NOURISH inner physician deficits to provide the most effective means of treatment at an affordable fee, specializing in the manufacturing of natural nourishment products. The Association will recognize any person (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 heretofore declared.

MEMORANDUM OF UNDERSTANDING: I understand that the fellow members of the Association that provide education along with products that nourish and nurture my inner physician 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 and I have freely chosen to change my legal status as a public patient or 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 to 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 diagnosis, therapy, treatment, care, modality and/or products is my own carefully considered decision. Any request by me to a fellow member to assist me or provide me with the aforementioned diagnosis, therapy, treatment, care, modality and/or products 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 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 Trustees and members have chosen HEATHER ROSE YANICK-GUTIERREZ, CQN as the person best qualified to oversee Inner physician nourishment programs 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 of 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 Committee 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. Any medical or healthcare 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 a good quality of life. I understand that the doctors, nurses, and other providers who are fellow members of the Association are offering me advice, services, and benefits not covered by health insurance or Medicare 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 medical specialist care elsewhere. As a member, I accept the goals of helping my body function better and choosing nourishment techniques that are both very safe and have a reasonably good chance to succeed, realizing that no diagnostic technique or treatment 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 providers and my fellow association members. My activities within the Association are a *private* matter that I refuse to share with the State Medical Board, the FDA, Medicare, Medicaid or my own insurance company without my 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 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 & acknowledge that 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 in writing. These pages and Article I of the 6 Articles of Association consist of the entire agreement for my association membership and supersede any previous agreement. I understand that the lifetime 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 Trustee(s) to be "special assessments", per Fee Schedule. I enclose the sum of \$9.99 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 QUANTAFOODS ASSOCIATION'S Contractual Application for Membership, and I fully understand and agree with same.

I hereby certify, attest and warrant that I have carefully read the above and I fully understand and agree.

Electronic Signature*	Printed Name*	
Date*	Email*	
Phone*	Street Address, Apt/Ste*	
City*	State*	Zip Code*
Name of Person/Doctor who referred you*		

\$9.99 Membership Fee Payment

I prefer to pay by phone or mail-in payment (*if selected, please pay by phone or mail at your earliest convenience*)

VISA/MC/Discover/AMEX Number*	Expiration Date*	CCV Code*	Billing Zip Code*
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