**PASTORAL MEDICAL ASSOCIATION - DECLARATION OF INTENTIONS**

I, the undersigned applicant for the value, benefits and mutual promises herein, do hereby

apply for membership in Member Share. With my signature on this agreement, I accept the

offer to become a member of Member Share and have read and agree with the following;

1. As members of the Association our main objective is to express and protect our rights to

total freedom of choice regarding medical information and care through joining together in

private membership association.

2. As members, we believe that the First Amendment to the Constitution of the United States

of America guarantees our members the rights to freedom of speech, religion, petition,

assembly and accordingly, the right to gather in this private ecclesiastical membership

Association for the lawful purpose of advising and helping one another in asserting and

preserving our God given rights under the Federal and State Constitutions and Statutes.

3. As members, we declare the right to select other members of the Association to give us

counsel and advice for our physical, mental and spiritual health, and to request member

assistance in facilitating for us the actual performance and delivery of the therapies,

treatments and care we so choose for ourselves and our families.

4. As members we proclaim the freedom to select for ourselves the types of health care we

think best for treating and preventing illness and disease of our minds and bodies,

including but not limited to any and all treatment modalities and therapies practiced or

used by any type of healers, therapists or practitioners the world over, whether

conventional or unconventional.

5. As members we proclaim the right and freedom to establish guidelines and educational

standards for those among us who will assist us in our health goals, and to identify them

as provider level members, through issuance of an association license.

**MEMORANDUM OF UNDERSTANDING**

Member Share is a name given the membership program of the Pastoral Medical

Association™, a private ecclesiastical association and tribunal with a mission to further a more

natural form of health care and to do so in-part by providing members with a constitutionally

protected private gathering place to exercise the desires and rights specified herein. Within

the Association there are two levels of membership and those are defined as “Provider”

members and “Lay” members. Provider members are counselors and health care professionals

who are issued a license by the Association to assist lay members improve health. All others

are Lay members. Hereafter in this agreement the term “Association” is referring to the

Pastoral Medical Association™ and its Member Share program collectively. You will be

hereinafter referred to as “I” and its derivatives.

I understand that members of the Association come together to help each other achieve

better health and live longer with good quality of life, and that members accept the goals of

helping their body function better and choosing options that are both very safe and have a

reasonably good chance to succeed, realizing that no diagnostic technique or treatment is

foolproof. Within the association no doctor-patient relationship exists, but only a contract

member-member Association relationship, and fellow members that provide therapy,

treatment and care, etc., do so in the capacity of a fellow member licensed by the Association

and not in the capacity of a state licensed health care provider. I understand that Association

licensed members may offer advice, services and benefits that may not conform to

conventional medical ideas, and that membership services do not include on-call coverage,

hospital care or the usual and customary care provided by most physicians. Furthermore, I

understand that Association licensed members do not customarily file for insurance benefits or

reimbursement on members behalf, but will provide an invoice that members may file with an

insurance provider of their choosing.

I understand that members have freely chosen to change their legal status as a public person

and/or patient, to a private member of the Association. Any request by members to a fellow

member to assist or provide therapy, treatment and care, etc., is the members own free

decision in an exercise of rights, made by the member for their own benefit or that of

someone in their care, and all communications and interaction between members, whether in

person, by phone, internet or otherwise is member-member, within the private Association

and not in any public venue. Furthermore, I understand that it is entirely each member own

responsibility to consider the advice and recommendations offered by fellow members, and to

educate themselves as to the efficacy, risks and desirability of same, and that the acceptance

of any offered or recommended therapy, treatment and care, etc., is the members own

carefully considered decision. I understand and agree that members that choose to forgo such

things as drugs, surgery, or radiation that has been recommended to them by others, alone

fully accept the risk they might suffer and the serious consequences from that choice.

Private membership associations are protected by the First and Fourteenth Amendments to

the U.S. Constitution and are outside the jurisdiction and authority of Federal and State

agencies for any complaint or grievance. The Supreme Court has upheld the protections for

such private association, and, has upheld the rights of ecclesiastical associations to selfgovern,

therefore I understand that any and all complaints or grievances members may have,

or that arise incidental to membership are subject only to the jurisdiction of the Associations

Ecclesiastical Tribunal only. I understand that members may not proceed outside the

ecclesiastical tribunal to file any lawsuit, malpractice or otherwise against a fellow member of

the Association unless that member has exposed them to a clear and present danger of

substantive evil as defined by the U.S. Supreme Court and as determined by the Association. I

further understand that the confidentiality, privacy and security of ecclesiastical and private

membership records, along with all activities within the Association are private matters that

members refuse to share with any person or entity outside the Association including the State

Medical Board, the FDA, Medicare, Medicaid or insurance companies, unless the member and

the Association have provided expressed specific permission, and in accordance with

Association Rules. Because all are private records and activity, members also waive HIPAA

privacy rights and complaint process. All records and documents remain as property of the

Association, even if a member receives a copy of them.

I understand that the Association strives to verify the education, training of background of

provider level members, however, I also understand that the Association cannot guarantee the

suitability of any member provider, service, therapy or otherwise for any particular member or

situation, therefore, members agree to hold the Association, staff, officers and other members

harmless from any unintentional liability for the results of care, etc.

With my signature I agree that all of my questions have been answered fully to my

satisfaction and with these understandings, I wish to become a member and hereby request

and agree to join the Association. I attest that I have read and understand the intent and

benefit of the Association and the obligations of members, including myself as a member. I

attest that I have the mental and legal capacity to understand this document and I enter into

membership of my own free will and on my behalf and/or on that of my dependents 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 or otherwise and that I can withdraw

from this agreement and terminate membership in the Association at any time, but that I shall

remain obligated to my responsibilities of a member for all periods and activities occurring

while I was in membership. I understand and agree that these pages consist of the entire

agreement for membership in the Association unless I am a provider level member, in which

case additional documents are incorporated. This agreement supersedes any previous

agreement and any agreement made to the contrary between members of the Association.

In confirming my membership, I understand that the rules of the Association, as an

ecclesiastical entity, discourage charging a fee for lay level membership, therefore the value

that inheres in this membership contract is based not on monetary consideration but on

mutual promises and the recourse herein. I understand that the Association promises to give

its best efforts to maintain the Association so as to fulfill the stated purpose of members, and

grants me membership in exchange for my promise to support the Association with my good

faith and loyalty to all other members and the terms of the member agreement, and, for my

contribution to the furtherance of the mission of the Association through joining as a member.

I further understand that violation of this contractual member agreement by a member will

result in a no contest legal proceeding against them.

Therefore, with my acceptance below, I do hereby certify, attest and warrant that I have

carefully read the above foregoing Contractual Application for Membership and member rules

and promises, and I fully understand, agree and promise to abide by same as now a member.

In consideration of my membership in Pastoral Medical Association, I agree to pay $1.00 for

services provided.

Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Witness/Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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