



Turtle Island Grand Priory-Yearly Membership Contract

Turtle Island Grand Priory (TIGP) and the Association of Pastoral Monastic Medicine (APMM), is authorized IN ACCORDANCE WITH THE PROVISIONS OF LAW & ORDER CODES AND, BY RESOLUTION 6-2014-003 (Indigenous & Monastic Health Programs & Healing Centers) approved June 14th, 2014, to train, educate and license Doctors and other Providers of Indigenous and Monastic (natural) medicine from American University of Indigenous Medicine and Monastic College of Health and Indigenous Medicine, privately accredited schools credentialing under the following categories: Indigenous, Monastic, Holistic and Dynastic Medicine. These private schools accredit Doctors, Providers, Quantum Health Coaches, Health Coaches and other health professionals to practice and research wellness programs through the four ancient traditions of natural and sacred healing which covers indigenous, monastic, holistic and/or dynastic healing. Turtle Island Grand Priory licensees provide services to members of the Turtle Island Grand Priory (TIGP), a private expressive association. All private members seen by TIGP Providers have chosen to covenant for the subject matter of healing under the oversight of TIGP. TIGP maintains jurisdictional oversight to Providers who have been credentialed through the above accredited schools. TIGP was declared and established under Canon Law and purposed to bring Providers together to preserve the orthodoxy of sacred healing. Any jurisdictional claims of any city, county, state or federal agencies or medical boards, etc. et al- are outside their jurisdiction and TIGP Providers are "excepted". TIGP issued licenses authorizes jurisdiction for the TIGP Provider, to practice among the membership at large in all 50 states. TIGP Providers, Indigenous Pories, and the Maori Tribe's House of Serenity Healing Centers only service members of TIGP and services are NOT OPEN TO THE PUBLIC. Neither Members nor Providers are under the jurisdiction of State medical boards.

I/WE,

(PRINT NAMES- MEMBER AND SPOUSE IF APPLICABLE)

do hereby request membership under

(PRACTITIONER AND/OR HEALING CENTER NAME)

With the signing of this contract and due considerations of \$35.00 a year for yearly membership, I/we affirm that I/we have read and agree that I/we have a Divinely given right of expressive association (trust) to choose any type of healing that I/we feel is best for our Mind, Body and Spirit. These options include but are not limited to: ALL forms of natural, Indigenous, Monastic or earth-based healing, energy and spiritual healing, whether traditional or nontraditional, conventional or unconventional, as well as allopathic medicine. Turtle Island Healing Centers/ Pories, and House of Serenity Healing Centers are not open to the public; and all people seeking services are private members only. All member records are the property of TIGP and are kept private.

In addition, I affirm and understand that I/we agree to this contract to be a private member of the TIGP. I/we are thus protected by the First, Ninth, Tenth and Fourteenth Amendments to the US Constitution as well as the United Nations General Assembly (10 December 1948, Palais de Chailot, Paris). It is therefore outside the jurisdiction and authority of Federal, State, County, and City Agencies and Authorities concerning any and all complaints or grievances against the TIGP Providers and members.

COVENANT: As a member, I/we agree to be in covenant with the terms of this contract. I/we further agree to take any complaint to arbitration through the Turtle Islands' Ecclesiastical Court. Complaints or cancellation of this contract must be submitted in writing by email to contactus@turtleislandnetwork.org or mailed to Turtle Island Grand Priory, P.O. Box 70, Dry Fork, VA 24549. Contact number is 1-855-765-4325. I/we also attest that I am here solely on my behalf and not as an agent or representative for any Federal, State, County, or City Agencies. Furthermore, I/we do not represent any Massage Board, Medical Board, Zoning Board, Licensing Board, etc. Neither am I/we on a mission of entrapment or investigation on behalf of these or any other agencies, either on this or any subsequent visit. Any attempt to take information or matters outside this jurisdiction could result in a fine of up to \$5,000.00. (_____) Initials

MEMORANDUM OF UNDERSTANDING: I agree to hold harmless the Director(s), Ministers, Healers, Practitioners, Providers, and Quantum Health Coaches, however they are titled, staff and other members of TIGP from any and all unintentional liability resulting from such care, except for harm that results from instances from a clear and present danger of substantive evil as stated and defined by the US Supreme Court and determined by Turtle Island Ecclesiastical Court.

CONSTRUCTIVE NOTICE

Notice is hereby given to any person who enumerated in this Contract that they may be in violation of our Civil and Constitutional Rights, Title 42, U.S.C 1983 et seq. Title 18, Sec 242, receives a copy of the Contract, and who, acting under the color of law, intentionally interferes with the free exercise of the Rights retained by Turtle Island Grand Island members under the First, Ninth, Tenth, and Fourteenth Amendment

I set my hand this _____ day of _____, 20_____.

Member' Signature

Spouse's Signature (If Applicable. If not, leave blank.)

Fees: \$35.00 for Individual Member and Family
 (Includes children 19- 26 yrs old unmarried & living at home)
 (Covers for 1 year)

THESE FIELDS ARE REQUIRED!

IF EACH APPLICABLE FIELD IS NOT COMPLETE, THE MEMBER WILL NOT BE PROCESSED

Member's Name: (PLEASE PRINT)				Date of Birth (mm/dd/yyyy):
Street Address:		City	State:	Zip:
Phone:		Email:		
Height:	Weight:	Eye Color:	Hair Color:	Gender:
Spouse's Name (If applicable- PLEASE PRINT):				Date of Birth (mm/dd/yyyy):
Height:	Weight:	Eye Color:	Hair Color:	Gender:
1st Child's Name (If applicable- PLEASE PRINT):				Date of Birth (mm/dd/yyyy):
Height:	Weight:	Eye Color:	Hair Color:	Gender:
2nd Child's Name (If applicable- PLEASE PRINT):				Date of Birth (mm/dd/yyyy):
Height:	Weight:	Eye Color:	Hair Color:	Gender:
3rd Child's Name (If applicable- PLEASE PRINT):				Date of Birth (mm/dd/yyyy):
Height:	Weight:	Eye Color:	Hair Color:	Gender:
4th Child's Name (If applicable):				Date of Birth (mm/dd/yyyy):
Height:	Weight:	Eye Color:	Hair Color:	Gender:
5th Child's Name (If applicable):				Date of Birth (mm/dd/yyyy):
Height:	Weight:	Eye Color:	Hair Color:	Gender:

REQUIRED - FOR PROVIDERS ONLY TO FILL OUT

Is a person applying the spouse or child of a current member? Yes ____ No ____ If yes, provider their name? _____

Please check all that apply (This only applies to those who are signing up with this form):

Individual ___ Spouse ___ Child under 18 ___ How many children under 18 years of age? ____

Child 19-26 years old (unmarried & living at home) ___ How many children over 19 years of age? ____

Provider Notes:

