



Foundation for the Advancement of BioEnergetics (FAB) Association

As a private membership association, our present and future members of the public become contract members of the Association. The membership contract limits claims against us and allows our members to freely receive information, cutting edge services, products, and more within the protection of the Association. This program provides extraordinary privacy protection.

Under the 1st and 14th amendments of the U.S. Constitution and equivalent provisions of State Constitutions, you have the right to associate with fellow members. You further have the right to enjoy the benefits and services offered by Dr. Carolyn Flanary that are outside of the jurisdiction, venue and authority of State and/or Federal Agencies.

Dr. Carolyn M. Flanary, DDS

Serving as a Functional Regenerative Health Coach

Wellness Coach of BioEnergetics

Trained in these FDA approved modalities:

- Hyperbaric Oxygen Therapy (HBOT) - mild range
- Bio-Energetic-Magnetic-Energy (PEMF)
- Extracorporeal Shock Wave Therapy (ESWT)- TRT
- I.M.A.E.T. Advanced Stress Relief (ART) Bio-Feedback
- Broad Spectrum InfraRed Therapy
- BioModulator/BioTransducer Pain and BioEnergy Modulation
- Nutritional and Supplemental Optimization
- Oligoscan Toxic Heavy Metals and Trace Mineral Assessment
- Other Future Leading Edge Supportive Modalities

Members Share Program

By signing this Private Membership Share Agreement, I _____ for membership fee paid in hand, do hereby agree to membership in the Foundation for the Advancement of BioEnergetics Association, a private membership organization ("Association"). With the signing of this membership agreement, I am exercising my right to "freedom of association"; I hereby accept the offer to become a member of the Association and confirm that I have read and agree with the following Declaration of Purpose as stated in Article 1 of the Association's Articles of the Association.

1. Our objective is to operate under the protection and freedoms expressed and guaranteed by the U.S. Constitution.
2. We are hereby exercising our right of freedom of association.
3. We declare the right to choose to accept the wisest counsel and advice among us concerning the performance and delivery of therapy for optimizing wellness.
4. We reserve the right to include therapeutic and health options that include but are not limited to cutting edge treatment therapies, whether traditional or non-traditional.
5. The Association will recognize any person (irrespective of race, color or religion) who is in agreement with these principles and policies as a member.
6. The mission of our Association is to provide members with the highest level of quality supportive care in full acknowledgement of their primary health care provider.
7. Our Association will include biofeedback technicians, nutritional counselling by counsellors and integrative care consultants offering leading edge advice.
8. Our Association understands that wellness has many dimensions and strives every day to stay on the leading edge of new technology.
9. No doctor-patient relationship exists but only as a private membership association relationship, and not in the capacity of a state licensed healthcare provider.
10. While I recognize that no diagnostic technique or treatment is foolproof, I accept the goals of helping my body function better choosing techniques that are both safe and have a reasonable prospect of success.
11. If I choose to forego 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 personal choice.
12. I understand that my activities within the Association are a private matter not to be shared with any other entities.
13. I agree to join the Association, a private membership association under common law, whose members seek to help each other achieve better health and longevity.
14. I fully agree not to come against a fellow member of the Association unless that member has exposed me to a clear and present danger of substantive evil.
15. I enter into this agreement of my own free will without any undue influence or promise of cure.
16. I affirm that I do not represent any state or federal agency whose purpose is to regulate or approve healthcare or healthcare products.
17. I have read and understood this document, and my questions have been answered fully to my satisfaction.
18. I understand that I can withdraw from the Agreement and terminate my membership in this Association at any time, but that such withdrawal and termination will not nullify or void my obligations previously accrued under this agreement.
19. I understand that my membership in the Association may be terminated by the Trustee with or without cause by written notice to my last contact information with the return of my \$1 membership fee.
20. I agree to pay the costs, as set by the Trustee, of the benefits and services I receive. Benefits, services and corresponding costs will be explained in advance of performance.

I agree to pay the first \$1 of any monetary exchange in consideration for my lifetime membership contract, commencing the date of the signing of this contract, and I attest I have read, understood, and agree with this Membership Contract.

WITNESSED this _____ day of _____, 20_____

Member's name (print legibly):

Member's signature (or that of Legal Guardian):

Member's Email Address: _____

Cell Phone: _____
