**RESPECT THE UNDERGROUND, PMA, Life Enhancement Agreement- Associate Membership Agreement**

Whereas I, [Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for membership fee paid, do hereby apply for associate membership in RESPECT THE UNDERGROUND, PMA for the following membership period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I accept the offer made to become an associate member of RESPECT THE UNDERGROUND, PMA and give my oath that I am joining of my own free will and am competent to make judgments and handle my own affairs with no mental handicaps. Furthermore, I have read and agree with the following from the Preamble [declaration of purpose] and Article 1 of the Articles of Organization.

 **THE ARTICLES OF ORGANIZATION FOR RESPECT THE UNDERGROUND, PMA**

 (Constitution)

We the members together and independently, serving the people, hereby establish a private membership association/ organization in the name of AFFIDAVIT MOMMAS, PMA. In a quest to accomplish and attain the purposes of health, happiness and freedom for all people through political and social interaction with those of like faith, and responsible partaking in actions to prevent tyranny, the Articles of Organization are hereby established for the private membership association, and

## ***ARTICLE I***

## ***NAME AND GOALS***

**1.1 Name**

 The name of the Association shall be AFFIDAVIT MOMMAS 2021, PMA ”, (hereinafter referred to as “*the Association*”), and

**1.2** **GOALS**

 The following goals of the Association shall be but not limited to:

1. To bring health, happiness and freedom for all people through just claims for individual rights, property and individual responsibility, and

 **B.** Financial, Harvesting and Health Independence, and

1. To advocate for the improvement of the wisdom of all people though membership and exchange of quality service to mankind, and
2. To engage in such other activities as may be deemed necessary and proper to further the objectives of the Association, within the limitations prescribed by the Articles of Association and all applicable laws, statutes, regulations, rules, and Articles of professional behavior. Any and all other objectives and by-laws shall be listed in the Article of Association attached to these Articles of Organization, and

 **Notice**

WHEREAS, the people are free and have the right to contract and the freedom of association, the nature of our activities are in the private domain only.

WHEREAS, the Trustees do have the right to cancel or terminate memberships at any time.

WHEREAS, the Association will recognize any person who is in accordance with the above mentioned principles and policies and provide them an atmosphere where he or she may be able to express themselves through exercising rights, faith building, and be able to share their ideas on how to enhance that experience.

WHEREAS, the membership's purpose is to provide the associate members with responsible access to immunity boosting and health enhancing activities and other such purposes.

**Activities**

WHEREAS, I understand that AFFIDAVIT MOMMAS 2021, PMA will provide me with programs and opportunities to engage in health enhancement activities.

WHEREAS, I understand that some elements of health enhancement may be outside of the control of the Association and may be affected by “Acts of God,” or problems with access.

WHEREAS, I understand that exercising rights can give positive mental experiences and bring people together, however over pushing one’s self or carelessness may cause injury and you agree to hold AFFIDAVIT MOMMAS 2021, PMA and any members harmless.You agree to use these services and any benefits at your own risk.

WHEREAS, you, as an associate member, agree to notify the membership if you are having any negative effects or are becoming overworked.

WHEREAS, the Membership fees will have yearly, daily, or per use membership fees as described below:

**YEARLY MEMBERSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DAILY MEMBERSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PER USE MEMBERSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Witness, this day of \_\_\_\_\_\_\_\_\_\_\_\_\_, in the year of Our Lord \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I do hereby set my hand, understand, and agree to all the terms and provisions of of associate membership in Affidavit Mommas 2021, PMA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Autograph [signature] Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name:**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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