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 offer by Oxygen Regenerative Therapies that are outside of the jurisdiction, venue and authority of State and/or Federal Agencies.

Oxygen Regenerative Therapies Staff
Serving Association members through supportive wellness services
Staff members provide services within the scope of their individual training and qualifications.
Available modalities include:

- 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

Medical Director: Dr. Justo Cisneros, MD

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. Member records will be securely protected and only shared at the request of the affected member. All records remain as property of the Association, even if I receive a copy of them.
10. I understand that the Association does not participate in any medical insurance plans, or collections on behalf of the member but will provide a suitable invoice for the member to pursue reimbursement from his/her insurance company if needed.
11. I fully understand that the benefits I receive from the Association might or might not be covered by my health insurance and not at all by Medicare.
12. I do not expect benefits to include on-call coverage, hospital care, or the usual and customary care provided by most physicians. I will receive such primary and specialist care elsewhere.
13. No doctor-patient relationship exists but only a contract member association relationship, and fellow members that provide therapy 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 healthcare provider.
14. 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.
15. 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.
16. I understand that my activities within the Association are a private matter not to be shared with any other entities.
17. 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.
18. 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.

19. I enter into this agreement of my own free will or on behalf of my dependent without any undue influence or promise of cure.
20. I affirm that I do not represent any state or federal agency whose purpose is to regulate or approve healthcare or healthcare products.
21. I have read and understood this document, and my questions have been answered fully to my satisfaction.
22. 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.
23. 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.
24. 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 $1.00 as 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 (or that of Legal Guardian) Print legibly:

_____

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

_____

Member's Address:

_____

_____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

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By _____

Approved and accepted this _____ day of _____, 20_____