

Explanation and Benefits of Membership in QLasers Private Membership Association

The QLaser System is cleared by the FDA for treating the symptoms of osteoarthritis. Any distributor or sales representative who tells you how to use the veterinary version of the QLaser System to treat any other diseases or disorders can be accused of practicing medicine without a license. We are protected when you become a member of the ***QLasers Private Membership Association***. Then we can legally answer any questions regarding how the QLaser System might benefit you and your loved ones without fear of retribution by local, State or Federal Government agencies. Following is a short Declaration of Purpose that will help you better understand the benefits.

QLasers Private Membership Association MEMBERSHIP CONTRACT

I, _____, for membership fee paid in hand, do hereby apply for membership in the QLasers Private Membership Association, hereinafter referred to as "QLasers PMA". With the signing of this membership agreement I accept the offer made to become a member of QLasers PMA and have read and agree with the following Declaration of Purpose from Article I of QLasers PMA Articles of Association.

- 1.** QLasers PMA members hereby declares that our main objective is to protect our rights to freedom of choice regarding our health information and care, through maintaining our Constitutional rights.
- 2.** As members, we affirm our belief that the Constitution of the United States is one of the best documents ever devised by man and the signers of the Declaration of Independence did so out of love for their country. We believe that the First Amendment of the Constitution of the United States of America guarantees our members the rights of free speech, petition, assembly, and the right to gather together for the lawful purpose of advising and helping one another in asserting our rights under the Federal and State Constitutions and Statutes. We strive to maintain and improve the civil rights, constitutional guarantees, and freedom of choice in health care and political freedom of every member and citizen of the United States of America.
- 3.** We declare the basic right of all of our members to select spokesmen from our number who could be expected to give wisest counsel and advice concerning the need for physical and mental health care assistance and to select from our membership those members who are the most skilled to assist and facilitate the actual training, instruction and performance and delivery of therapy, treatment and care, as well as recommend procedures and products.

4. We proclaim the freedom to choose and perform for ourselves the types of training, instruction, therapies and treatment modalities that we think best for diagnosing, treating and preventing illness and disease of our minds and bodies and for achieving and maintaining optimum wellness. We proclaim and reserve the right to include health options that include, but are not limited to, cutting edge treatment modalities and therapies practiced or used by any types of healers or therapists or practitioners the world over, whether traditional or non-traditional, conventional or unconventional.

5. More specifically, the mission of QLasers PMA is to provide members with the highest level of quality education for the most effective methods of treatment. We train members to treat their health condition, and not merely the symptoms experienced. QLasers PMA understands that wellness has many dimensions and strives every day to stay on the leading edge of new products and technology. QLasers PMA provides the most advanced training, products and technologies for diagnosing all aspects of a member's disease and/or health and provides the most effective means of education for treatment at an affordable fee. More specifically, QLasers PMA specializes in the training of other members utilizing lasers and offers these services and products to markets as alternates to medication concerning the modalities of service and benefits to members.

6. QLasers PMA will recognize any person irrespective of race, color or religion who is in accordance with these principles and policies as a member, and will provide a medium through which its individual members may associate for actuating and bringing to fruition the purposes heretofore declared.

MEMORANDUM OF UNDERSTANDING

Any request by me to a fellow member to assist me or provide me with the aforementioned training, diagnosis, therapy, treatment, care, and products, etc., is my own free decision in an exercise of my rights and made by me for my benefit, and I agree to hold the Trustee(s), staff and other worker members and QLasers PMA harmless from any unintentional liability for the results of such care, etc., except for harm that results from instances of a clear and present danger of substantive evil as determined by QLasers PMA, as stated and defined by the United States Supreme Court.

The Trustee and members have chosen Dr. Larry Lytle as the person best qualified to educate, train, instruct and perform services to members of QLasers PMA which include training and products and entrust him to select other members to assist him in carrying out that service.

In addition, I understand that, since QLasers PMA is protected by the First and Fourteenth Amendments to the U.S. Constitution, it is outside the jurisdiction and authority of Federal and State Agencies and Authorities concerning any and all complaints or grievances against the Association, any Trustee(s), members or other staff persons.

I understand that the membership fee entitles me to receive those benefits declared by the Trustee(s) to be "general benefits" free of further charge. I agree to pay as levied those benefits that I request that are declared by the Trustees to be "special assessments" as per Fee Schedule for laser products, laser support products and educational materials.

I enclose the sum of \$10.00 as consideration for my life time membership contract, said term beginning with the date of the signing of this contract, and by these presents do hereby certify, attest and warrant that I have carefully read the above and foregoing QLasers PMA Contractual Application for Membership and I fully understand and agree with same.

IN WITNESS WHEREOF I set my hand this _____ day of _____, 20_____.

Member's Name (Please Print Legibly) (...and name of legal guardian if applicant under 18 years)

Member's Signature (and signature of legal guardian if applicant under 18 years)

Members Address and Phone #:

Street

City State Zip Code

Home Phone# _____

Work Phone # _____

****NOTICE****

Please type your name on the signature line, along with the last four digits of your Social Security number. **COPY** and e-mail to sales@qlasers.com

QLasers Private Membership Association
520 Kansas City Street, Ste 100, Rapid City, SD 57701
Attn: Membership Services
Questions may be sent to: lisa.smiley@qlasers.com