

Church Membership Form
for the
Church of the Eternal Infinite Divine Spirit

I, _____, do hereby desire to be a member of the Church of the Eternal Infinite Divine Spirit, and do hereby apply for membership with Church of the Eternal Infinite Divine Spirit (hereinafter referred to as "CEIDS"), a private Church and Spiritual organization. With the signing of this membership form, I/we accept the offer made to become a member of CEIDS and have read and agree with the Covenant of CEIDS (a separate document). I further understand that I do not have to, nor am I required, to agree with or believe everything in the Covenant of CEIDS. Further, I have read and agree with the following Declaration of Purpose. Church members are not members of the Limited Liability Company for legal or governance purposes.

DECLARATION OF PURPOSE
of the
Church of the Eternal Infinite Divine Spirit

1. This Association of members hereby declares that one of our main objectives is to protect our rights to freedom of choice regarding our religious beliefs and practices, through maintaining our Constitutional rights as stated in:

Amendment I to the United States Constitution

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.

2. This Association of members hereby declares that another of our main objectives is to protect our rights to freedom of choice regarding our healthcare information and care, through maintaining our Constitutional rights.

3. 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 religious exercise, 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 religious exercise, healthcare and political freedom of every member and citizen of the United States of America.

4. We further proclaim the freedom to choose and perform for ourselves the types of therapies and treatment modalities that we think best for assessing, 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 medical and health options that include, but are not limited to, cutting edge treatment modalities and therapies practiced or

used by any type of healers or therapists or practitioners the world over, whether traditional or nontraditional, conventional or unconventional.

I enter into this agreement of my own free will or on behalf of my dependent without any pressure and without promise of benefit, whether religious, spiritual, emotional, financial or physical. I affirm that I do not represent any state or federal agency whose purpose is to regulate religious practices or to regulate practices of health or medicine. I have read and understand this document, and my questions have been answered fully to my satisfaction. I understand that I can withdraw from this agreement and terminate my membership with CEIDS at any time. These pages, the Covenant, and the Declaration of Purpose of CEIDS consist of the entire agreement for my membership with CEIDS and they supersede any previous agreement.

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)

Member's Address and Phone #:

Street: _____

Apt. #: _____

City / State / Zip: _____

Member's Email Address: _____

Member's Phone #: _____

For: Church of the Eternal Infinite Divine Spirit

By: _____

Approved and accepted this _____ day of _____, 20____.

MAIL MEMBERSHIP FORM TO:

Church of the Eternal Infinite Divine Spirit, LLC
4741 Central, #145
Kansas City, MO 64112