



NATIONAL HEALTH FREEDOM COALITION

PMB 218, 2136 Ford Parkway
St. Paul, MN 55116-1863
Phone 507-663-9018, Fax 507-663-9013
E-mail: similar@aol.com, www.nationalhealthfreedom.org

APPLICATION

Voting Member Status

United States Health Freedom Assembly (A project of National Health Freedom Coalition)

To apply, print out the form, answer the questions and fax to Diane Miller at 507-663-9013, or cut and paste into a word document or email, provide your answers, and send to Diane Miller at similar@aol.com. Diane will call you to confirm receipt and discuss status.

- In order to become a Voting Member Organization to the United States Health Freedom Assembly your organization must be one of the following: (please check the box next to the phrase that best describes your organization)

- 1.) A U.S. state-wide or national health freedom organization or group;
- 2.) A U.S. company or association working state-wide or nationally promoting health freedom; or
- 3.) An international organization, company, or association working for and promoting health freedom in the U.S.

Non-voting conference and Assembly attendees are invited to witness and observe the Assembly discussions on Friday and Saturday and submit draft resolutions to the Assembly, as well as to take part in the evening keynote presentations on Friday and Saturday, and the Sunday workshops for freedom advocates.

Voting Member Organization or Company Name:

Address:

Phone:

Fax:

Email:

Website:

In addition we ask that Voting Organizations agree to the following:

Our organization described above supports the goals of the health freedom movement and supports the mission of National Health Freedom Coalition which



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is *“To promote access to all health care information, services, treatments, and products that the people deem beneficial for their own health, healing, well-being and survival; and to promote an understanding of the laws and factors impacting the right to access; and to promote the health of the people of this nation.”*

Name of Organization’s Representative: _____

Date of Application: _____

Please share with us a brief statement of your organizations goals and objectives or work in the area of health freedom in the U.S.:

Name of Spokesperson for Assembly Deliberations: _____
(You may designate more than one spokesperson and alternate the use of the voting member seating position if you wish).

Thank you very much. NHFC will contact you with your confirmation.

For direct contact call Judy Buroker, Conference Registrar, National Health Freedom Coalition
www.nationalhealthfreedom.org, judyb1250@yahoo.com, 608-295-3827

Or Diane Miller at 507-663-9018.