

**We The People Ending Medical Censorship!  
a Make Americans Free Again Initiative**

**Practitioner Registration Form**

**Name** \_\_\_\_\_

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

**City State Zip** \_\_\_\_\_

**Phone (\_\_\_\_\_)\_\_\_\_\_ email address** \_\_\_\_\_

**Are you licensed?**

**If yes, please answer the following questions:**

**States in which you hold a license** \_\_\_\_\_

**Occupations for which you are licensed** \_\_\_\_\_

**Have you ever been investigated by a state licensure board or had your license suspended?** \_\_\_\_ yes \_\_\_\_ no

**if yes, are you willing to be interviewed re this experience?**

\_\_\_\_ yes \_\_\_\_ no

**If you are unlicensed, please answer the following questions**

**Modalities you practice** \_\_\_\_\_

**Have you ever been investigated by a state licensure board**

\_\_\_\_ yes \_\_\_\_ no

**if yes, are you willing to be interviewed re this experience?**

\_\_\_\_ yes \_\_\_\_ no

**Any other disciplinary actions, lawsuits, employer terminations, etc to report?** \_\_\_\_\_

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**Annual Dues for Legal Defense \$100**

**Payment method:** \_\_\_\_ check enclosed (checks payable to The Wellness Forum Foundation) **OR**

**Credit Card #** \_\_\_\_\_ **exp date** \_\_\_\_\_

**code (3 digits on the back of some; 4 digits for AMEX)** \_\_\_\_\_

**Signature** \_\_\_\_\_

questions? email [pampopper@msn.com](mailto:pampopper@msn.com) or call 614 841 7700

email your completed application or mail to:

510 East Wilson Bridge Road Suite G Worthington Ohio 43085