



The Mended Hearts, Inc.

National Office

Phone: 888-HEART99 (432-7899)

www.mendedhearts.org

MEMBER ENROLLMENT

Member Information (please print or type)

Name (Mr/Mrs/Ms) _____

Chapter _____ OR Member-At-Large _____

Address (line 1) _____

Phone (_____) _____

Address (line 2) _____

Alt Phone (_____) _____

City _____

Retired: Yes No

State/Zip _____

Occupation _____

Email address _____

Preferred Contact: Phone Email Mail

Family member (must reside at same address; please name): (Mr/Mrs/Ms) _____

Family member Email address _____

May Mended Hearts staff or volunteers contact you regarding local chapter opportunities? Yes No

Medical Info/Demographics (Optional for Mended Hearts reporting purposes in aggregate only)

Name of Heart Patient _____

Name of Caregiver _____

Date of Surgery/Procedure _____

Phone _____

Type of Surgery/Procedure _____

Alt Phone _____

- Angioplasty Heart attack Cath
- Atrial Septal Defect Pacemaker Valve-Surgery
- Aneurysm Transplant Valve Transcath
- CABG (Bypass) AFib arrhythmia ICD (Defibrillator)
- Stent Other arrhythmia Other _____

- Check here if also Heart Patient
- Type of procedure _____

Many chapter newsletters include surgery/procedure anniversaries of members. Please indicate here if you are agreeable to having your name published in this way. Yes No

Add my email to monthly national email updates?

Yes No

Patient signature

Add my email to monthly national email updates?

Yes No

Family member signature

Optional info: Date of birth _____
Race: Caucasian; Black; Asian; Am. Indian; Other
Gender: Male; Female

National Membership Dues: Includes subscription to *Heartbeat* magazine and one insignia pin for an individual or two pins for a family membership (must reside in same household). Select type of membership and include chapter dues (unless you wish to become a member-at-large). National dues are tax deductible less \$10.00; Chapter and Lifetime dues are 100% tax deductible.

- Individual \$22.00 (National & Chapter)
- Family \$31.00 (National & Chapter)
- Life – Individual Dues \$150.00
- Life – Family Dues \$210.00

Dues Summary:

Chapter dues \$ _____

TOTAL \$ _____

I am joining as a non-heart patient: Physician RN

____ Health Admin Other Interested Party Other _____

A tax-deductible contribution \$ _____ to National OR Chapter

New chapter members: Please send payment with enrollment form to chapter Treasurer:

Treasurer Name Glenn Reeder c/o Mended Hearts Chapter #59

Street Address 4129 Stow Road

City, State, Zip Stow, OH 44224-2607