



# The Mended Hearts, Inc.

National Office

Phone: (888) 432-7899

## MEMBERSHIP APPLICATION

### Member Information (please print or type)

Name (Mr./Mrs./Ms.) \_\_\_\_\_

Address (line 1) \_\_\_\_\_

Address (line 2) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Email address \_\_\_\_\_

Family member (i.e. spouse – must reside at same address): (Mr./Mrs./Ms.) \_\_\_\_\_ DOB \_\_\_\_\_

May we contact you regarding local chapter opportunities?  Yes  No

DATE: \_\_\_\_\_

Chapter **#315** or (non-local) Member-At-Large

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Alt Phone ( \_\_\_\_\_ ) \_\_\_\_\_

DOB \_\_\_\_\_ Retired:  Yes  No

Vocation \_\_\_\_\_

Preferred Contact:  Phone  Email  Mail

### Medical Information/Demographics (Optional - No application is denied based on medical information, age or race.)

Name of Heart Patient (1) \_\_\_\_\_

Date of Surgery/Treatment \_\_\_\_\_

Type of Surgery/Treatment \_\_\_\_\_

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> PTCA/Stent(s) | <input type="checkbox"/> Atrial Septal Defect | VALVE:                             |
| <input type="checkbox"/> MI            | <input type="checkbox"/> Pacemaker            | <input type="checkbox"/> Aortic    |
| <input type="checkbox"/> Aneurysm      | <input type="checkbox"/> Transplant           | <input type="checkbox"/> Mitral    |
| <input type="checkbox"/> Bypass        | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Pulmonary |
| (how many _____)                       |   | <input type="checkbox"/> Tricuspid |

Many chapter newsletters include surgery/treatment anniversaries of members. Please indicate here if you are agreeable to having your name published in this way.

Yes  No \_\_\_\_\_  
Signature

Permission to print birth month in newsletter?  Yes  No

Name of Heart Patient (2) \_\_\_\_\_

Date of Surgery/Treatment \_\_\_\_\_

Type of Surgery/Treatment \_\_\_\_\_

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> PTCA/Stent(s) | <input type="checkbox"/> Atrial Septal Defect | VALVE:                             |
| <input type="checkbox"/> MI            | <input type="checkbox"/> Pacemaker            | <input type="checkbox"/> Aortic    |
| <input type="checkbox"/> Aneurysm      | <input type="checkbox"/> Transplant           | <input type="checkbox"/> Mitral    |
| <input type="checkbox"/> Bypass        | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Pulmonary |
| (how many _____)                       |   | <input type="checkbox"/> Tricuspid |

Many chapter newsletters include surgery/treatment anniversaries of members. Please indicate here if you are agreeable to having your name published in this way.

Yes  No \_\_\_\_\_  
Signature

Permission to print birth month in newsletter?  Yes  No

**National Membership Dues:** Includes subscription to *HEARTBEAT* 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.

#### Within United States

- Individual – First Year Dues: \$17.00 plus \$8.00 chapter dues = \$25.00
- Family – First Year Dues: \$24.00 plus \$8.00 chapter dues = \$32.00
- Life – Individual Dues \$150.00 plus \$10.00 chapter dues = \$160.00
- Life – Family Dues \$210.00 plus \$10.00 chapter dues = \$220.00

#### Dues Summary:

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

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

Health Admin  Other Health Party  Other Interested Party

I am not prepared to join. Enclosed is a contribution of \$ \_\_\_\_\_

(Chapter Treasurer: Send both chapter & national dues to National Office – Retain a copy for your records.)

Applicant – Send one check with application to local chapter Treasurer → Payable to: **MHI – Chapter #315**

Or for Members-At-Large: (no local involvement)

The Mended Hearts, Inc.  
National Office  
7272 Greenville Avenue  
Dallas, TX 75231



Mended Hearts, Inc.  
Katherine Beach, Treasurer  
67 Leland Road  
Brewster, MA 02631