



# 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

Chapter \_\_\_\_\_ 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 \_\_\_\_\_  
 PTCA  Atrial Septal Defect VALVE:  
 MI  Pacemaker  Aortic  
 Aneurysm  Transplant  Mitral  
 Bypass  Other \_\_\_\_\_  Pulmonary  
 (how many \_\_\_\_\_)  Tricuspid

Name of Heart Patient (2) \_\_\_\_\_  
 Date of Surgery/Treatment \_\_\_\_\_  
 Type of Surgery/Treatment \_\_\_\_\_  
 PTCA  Atrial Septal Defect VALVE:  
 MI  Pacemaker  Aortic  
 Aneurysm  Transplant  Mitral  
 Bypass  Other \_\_\_\_\_  Pulmonary  
 (how many \_\_\_\_\_)  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

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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   
 Family – First Year Dues \$24.00   
 Life – Individual Dues \$150.00   
 Life – Family Dues \$210.00

#### Chapter Dues

Individual – First Year Dues \$8.00   
 Family – First Year Dues \$8.00

**Dues Summary:** National Dues \$ \_\_\_\_\_  
 Chapter Dues \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

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

Or for Members-At-Large:  
 The Mended Hearts, Inc.  
 National Office  
 7272 Greenville Ave.  
 Dallas, TX 75231

