



The Mended Hearts, Inc.
 National Office
 Phone: 888-HEART-99 (432-7899)
www.mendedhearts.org

MEMBER ENROLLMENT

Member Information (please print or type)

Date _____

Name (Mr/Mrs/Ms) _____ Chapter _____ Member-At-Large _____
 Address (line 1) _____ Phone (_____) _____
 Address (line 2) _____ Alt Phone (_____) _____
 City/State/Zip _____ Retired: Yes No
 Email address _____ Occupation _____
 Family member (must reside at same address; please name): Preferred Contact: Phone Email Mail
 (Mr/Mrs/Ms) _____ Family Member Email _____
 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 _____
<input type="checkbox"/> Angioplasty	<input type="checkbox"/> Check here if also Heart Patient
<input type="checkbox"/> Atrial Septal Defect	<input type="checkbox"/> Procedure- specify: _____
<input type="checkbox"/> Aneurysm	
<input type="checkbox"/> CABG (Bypass)	
<input type="checkbox"/> Stent	
<input type="checkbox"/> Heart attack	
<input type="checkbox"/> Pacemaker	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Valve-Surgery	
<input type="checkbox"/> Transplant	
<input type="checkbox"/> Valve Transcath	
<input type="checkbox"/> AFib arrhythmia	
<input type="checkbox"/> ICD (Defibrillator)	
<input type="checkbox"/> Other arrhythmia	
<input type="checkbox"/> Other _____	

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

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

Add my email to monthly national email updates?

Yes No

 Family member signature

Optional info: Date of birth _____ Please check below:
 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.

In U.S. National Member-at-Large annual dues

Individual	\$20.00	<input type="checkbox"/>
Family	\$30.00	<input type="checkbox"/>
Life Individual Dues	\$150.00	<input type="checkbox"/>
Life – Family Dues	\$210.00	<input type="checkbox"/>

Chapter annual dues

Individual/Family	\$ 8	<input type="checkbox"/>
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Dues Summary:

National dues	\$ _____
Chapter dues	\$ _____
TOTAL	\$ _____

I am joining as a non-heart patient: Physician RN
 Health Admin Other Interested Party Other _____
I would like to make a tax-deductible contribution of \$ _____

Donation to national \$ _____
 Donation to chapter \$ _____ To chapter # _____ Chapter Name: _____ City, _____ State _____

Please send payment with enrollment form to MH chapter Treasurer:

Jeanne Lemire - Treasurer
 Mended Hearts – Chapter 315
 PO Box 816
 Monument Beach, MA 02553