



The Mended Hearts, Inc.

National Office

Phone: (888) 432-7899

MEMBERSHIP APPLICATION

Member Information (please print or type)

Name (Mr./Mrs./Ms.) _____

Chapter _____ Member-At-Large _____

Address _____

Phone () _____

City _____

Alt Phone () _____

State/ZIP _____

DOB _____ Retired () Yes () No

Email address _____

Vocation _____

Preferred Contact: Phone Email Mail

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

May we contact you regarding local chapter opportunities? Yes No

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

Name of Heart Patient (1) _____

Name of Heart Patient (2) _____

Date of Surgery/Treatment _____

Date of Surgery/Treatment _____

Type of Surgery/Treatment _____

Type of Surgery/Treatment _____

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

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- () 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

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() Yes () No _____
Signature

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 | () |

Foreign Membership (including Canada) – U.S. Currency

| | | |
|------------------------------|----------|-----|
| Individual – First Year Dues | \$22.00 | () |
| Family – First Year Dues | \$32.00 | () |
| Life – Individual Dues | \$222.00 | () |
| Life – Family Dues | \$301.00 | () |

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.)

Applicant – Send one check with application to local chapter Treasurer →

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