



MEMBER ENROLLMENT

Member Information (please print or type)

Date

Name (Mr/Mrs/Ms)
Address (line 1)
Address (line 2)
City/State/Zip
Email address

Chapter 50 Member-At-Large
Phone
Alt Phone
Retired: Yes No
Occupation

Family member (must reside at same address):

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
Date of Surgery/Procedure
Type of Surgery/Procedure

Name of Caregiver
Phone
Alt Phone

- Angioplasty, Heart attack, Diabetes, 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
Procedure- specify:

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 Please check below: Race: Caucasian, Black, Asian, Am. Indian, Other Gender: Male, Female

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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 both national and 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.

United States national member-at-large dues & Chapter dues

- Individual \$30.00
Family \$40.00
Life - Individual Dues \$150.00
Life - Family Dues \$210.00

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 MHI chapter Treasurer. For member-at-large, send to:

Bernard Quinlan (Treasurer)
491 Granger Cir
Webster, NY 14580-1671

The Mended Hearts, Inc.
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