



Member Information (please print or type)

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

Chapter _____ Member-At-Large _____

Address _____

Phone () _____

Alt Phone () _____

City _____

DOB _____ Retired () Yes () No

State/ZIP _____

Vocation _____

Email address _____

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

- () 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.

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

() 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	Nat.	Chap.
Individual – First Year Dues	\$17.00 +5.00	()
Family – First Year Dues	\$24.00+10.00	()
Life – Individual Dues	\$150.00	()
Life – Family Dues	\$210.00	()

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

Mended Hearts of Osceola
Treasurer
PO Box 452141
Kissimmee, FL 34745