



The Mended Hearts, Inc.

National Office

Phone: 888-HEART99 (432-7899)

www.mendedhearts.org

MEMBER ENROLLMENT

Chapter 364 – Osceola www.mh-o-org

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 _____

- Angioplasty
- Atrial Septal Defect
- Aneurysm
- CABG (Bypass)
- Stent
- Heart attack
- Pacemaker
- Transplant
- AFib arrhythmia
- Other arrhythmia
- Diabetes
- Valve-Surgery
- Valve Transcath
- ICD (Defibrillator)
- 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

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 United States national member-at-large 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 dues (please customize)

Individual	\$	5.00	<input type="checkbox"/>
Family	\$	10.00	<input type="checkbox"/>
Life – Individual Dues (if applicable)	\$	_____	<input type="checkbox"/>
Life – Family Dues (if applicable)	\$	_____	<input type="checkbox"/>

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 MHI chapter Treasurer.

Mended Hearts- Osceola, Treasurer

PO Box 452141

Kissimmee, FL 34745-2141