



The Mended Hearts, Inc.

National Office

Phone: 888-HEART99 (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"/> Heart attack | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Atrial Septal Defect | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Valve-Surgery |
| <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Transplant | <input type="checkbox"/> Valve Transcath |
| <input type="checkbox"/> CABG (Bypass) | <input type="checkbox"/> AFib arrhythmia | <input type="checkbox"/> ICD (Defibrillator) |
| <input type="checkbox"/> Stent | <input type="checkbox"/> Other arrhythmia | <input type="checkbox"/> 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). Annual dues are tax deductible less \$10.00; Lifetime dues are 100% tax deductible.

Chapter Dues (combined Chapter and National)

- | | | |
|------------------------|----------|--------------------------|
| Individual | \$30.00 | <input type="checkbox"/> |
| Family | \$42.00 | <input type="checkbox"/> |
| Life – Individual Dues | \$200.00 | <input type="checkbox"/> |
| Life – Family Dues | \$270.00 | <input type="checkbox"/> |

Dues Summary: Dues \$ _____

Donation \$ _____

TOTAL \$ _____

Donation to national \$ _____

Donation to chapter \$ _____ To chapter #137 Name: Mended Hearts of Southern Oregon #137 Medford, OR

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 \$ _____

Please send payment with enrollment form to MHI chapter Treasurer.

Nancy Kloek, Treasurer
Mended Hearts Chapter 137
1363 Bonita Ave
Medford OR 97504