



Mended Hearts

National Office
Phone: 888-HEART99
www.mendedhearts.org

MEMBER ENROLLMENT

Member Information (please print or type)

Date

Name (Mr/Mrs/Ms)
Address (line 1)
Address (line 2)
City/State/Zip
Email address
Family member (must reside at same address; please name):
(Mr/Mrs/Ms)
May Mended Hearts staff or volunteers contact you regarding local chapter opportunities?

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
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.

United States national member-at-large dues

Table with 3 columns: Dues Type, Amount, and Selection Box. Rows include Individual (\$20.00), Family (\$30.00), Life - Individual Dues (\$150.00), and Life - Family Dues (\$210.00).

Chapter dues (please customize)

Table with 4 columns: Dues Type, Amount, Dollar Sign, and Selection Box. Rows include Individual (\$5.00), Family (\$10.00), Life - Individual Dues (if applicable), and Life - Family Dues (if applicable).

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 of Waukesha County
155 E Capitol Dr
Hartland, WI 53029