



The Mended Hearts, Inc.

Dallas Chapter 30

Membership Application

Applicant Information: (Please Print) Phone (____) _____

Name _____ DOB _____

Address _____ Retired (____) Yes (____) No

City _____ Current or Previous Occupation:

State _____ ZipCode _____

E-Mail Address: _____

Type of Membership	National Dues	+	Chapter Dues	=	Total	Amount Enclosed
Individual (Single)	\$17.00	plus	\$5.00	=	\$22.00	_____
Family *	\$24.00	plus	\$10.00	=	\$34.00	_____

* Name of Spouse: _____

Note: To become a member of any Mended Hearts chapter, you must first join the national organization of Mended Hearts, Inc. National membership includes a subscription to HEARTBEAT, the official publication of the national organization, and one insignia pin (2 per family). Combined national and chapter dues amount is tax deductible (less \$10.00 per year).

Make your check payable to: Mended Hearts, Inc. (in memo section indicate Dallas Chapter 30). Print this application form, complete it, and mail it with your check to Dallas Chapter 30 Treasurer at: The Mended Hearts, Alfred Zech, 6768 Hillbriar Dr., Dallas, TX 75248-5427.

Medical Information (Optional) - Check all that apply:

Name of Patient _____

Angiogram

CABG (Bypass) - No. (____)

Congestive Heart Failure

Stents - No. (____)

Pacemaker / Defibrillator

Valve Repair/Replacement

MI - Heart Attack

Ablation

Tachycardia / Bradycardia

Aneurysm

Atrial Fibrillation

Endocarditis /Pericarditis

Heart Transplant

Other: _____