

The Mended Hearts, Inc. / Greater Rochester, NY Chapter 50
Founded 1951 Incorporated 1955

MEMBERSHIP APPLICATION

Dr./Mr./Mrs./Ms. _____ Date ___ / ___ / ___

Address _____ Phone _____ Birthday ___ / ___ / ___

City _____ State _____ Zip _____

Name of Spouse _____ E-mail _____

Type of Procedure _____

Date of Procedure ___ / ___ / ___ Hospital _____ Surgeon _____

Membership Type (circle one)

Individual

Family

National Life (Individual)

National Life (Family)

Membership Dues

\$22 (National \$17 + Chapter \$5)

\$31 (National \$24 + Chapter \$7)

\$155 (National \$150 + Chapter \$5)

\$217 (National \$210 + Chapter \$7)

Please mail this application and your check made out to Mended Hearts, Inc., Chapter 50, to:

Mrs. Jackie Joyal, Treasurer
65 Erie Dr
Fairport, NY 14450

You must be a member of the National Organization to be a Chapter Member.

I/We (spouses are always welcome) would like to be part of Mended Hearts effort as checked below:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Visiting | <input type="checkbox"/> Communications/Publicity |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Program | <input type="checkbox"/> Membership | <input type="checkbox"/> Historian <input type="checkbox"/> Sunshine |