



MEMBER ENROLLMENT FORM

MEMBER INFORMATION

Date:		
Name (Mr/Mrs/Ms):		
Address:		
City:	State:	ZIP Code:
Email:		Phone:
Birthdate:	Occupation:	<input type="checkbox"/> I am interested in visiting heart patients in the hospital

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name (Mr/Mrs/Ms):		
Email:		Phone:
Birthdate:	Occupation:	<input type="checkbox"/> I am interested in visiting heart patients in the hospital

MEDICAL INFO (OPTIONAL, FOR MEMBERSHIP CLASSIFICATION ONLY)

APPLICANT INFO (CHECK ALL THAT APPLY)

<input type="checkbox"/> Angioplasty	<input type="checkbox"/> Heart attack	<input type="checkbox"/> Valve-Surgery	<input type="checkbox"/> Valve Transcath	<input type="checkbox"/> Congenital Heart Disease
<input type="checkbox"/> CABG (Bypass)	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Stent	<input type="checkbox"/> AFib arrhythmia	<input type="checkbox"/> Other arrhythmia
<input type="checkbox"/> ICD (Defibrillator)	<input type="checkbox"/> Transplant	<input type="checkbox"/> Aneurysm	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other _____
<input type="checkbox"/> Caregiver	<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Sponsor		

SPOUSE INFO IF JOINT MEMBERSHIP (CHECK ALL THAT APPLY)

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ANNUAL MEMBERSHIP DUES

<p><u>Individual</u> <input type="checkbox"/> \$25.00 annual dues -or- <input type="checkbox"/> \$250.00 lifetime dues -or- <u>Couple</u> <input type="checkbox"/> \$40.00 annual dues -or- <input type="checkbox"/> \$400.00 lifetime dues</p> <p>I would like to make an addt'l tax-deductible contribution of \$ _____</p> <p>Total Payment Enclosed \$ _____</p>	<p>Please send payment with enrollment form to:</p> <p>Healing Hearts of Central Ohio 7774 Brandonway Dr Dublin, OH 43017</p>
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