Healing Hearts
of Central Ohio

MEMBER ENROLLMENT FORM

MEMBER INFORMATION

Date:		
Name (Mr/Mrs/Ms):		
Address:		
City:	State:	ZIP Code:
Email:		Phone:
Birthdate:	Occupation:	☐ I am interested in visiting heart patients in the hospital

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name (Mr/Mrs/Ms):		
Email:		Phone:
Birthdate:	Occupation:	☐ I am interested in visiting heart patients in the hospital

MEDICAL INFO (OPTIONAL, FOR MEMBERSHIP CLASSIFICATION ONLY)

APPLICANT INFO (CHECK ALL THAT APPLY)

☐ Angioplasty	☐ Heart attack	☐ Valve-Surgery	☐ Valve Transcath	☐ Congenital Heart Disease
☐ CABG (Bypass)	☐ Pacemaker	☐ Stent	☐ AFib arrhythmia	☐ Other arrhythmia
☐ ICD (Defibrillator)	☐ Transplant	☐ Aneurysm	☐ Diabetes	☐ Other _____
☐ Caregiver	☐ Medical Professional	☐ Sponsor		

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ANNUAL MEMBERSHIP DUES

Individual   ☐ $25.00 annual dues -or- ☐ $250.00 lifetime dues
-or-
Couple   ☐ $40.00 annual dues -or- ☐ $400.00 lifetime dues

I would like to make an addt'l tax-deductible contribution of $ _____

Total Payment Enclosed $ _____

Please send payment with enrollment form to:

Healing Hearts of Central Ohio
10499 Elderberry Dr
Plain City, OH 43064