



The Jersey Heartbeat

www.heartsofjersey.org

Message from the President

May 2011

Well, May has finally arrived, with the spring weather we have been looking for all during April, and may I say it's about time. I for one have already taken my cardio workout outdoors. My friends with gardens have been busily digging, weeding and planting and I have to say I can hardly wait until some results of their efforts are to be had. In fact I've heard that our past president Dr. Bill Ryan has been seen on one of our local golf courses when he was supposed to be overseeing the packing for his relocation to Maryland, but you didn't hear that from me. So the change of

season is well on its way, and as we all had to change the batteries on our smoke detectors last month when we made the adjustment to our clocks, it's time for us to review our programs for recovery and management of our heart conditions.



Last month's graphic showing the Library of Congress was © Pages Editorial Service, Inc.

latest thinking about cholesterol levels were, studies about all heart health related topics. With the help and oversight of our editor Martin Brilliant I soon became aware of how much faulty information was on the internet. Most of this information was located on sites that sounded official and supposedly were citing reliable sources. Thankfully Martin is a very hard

(Continued on page 2)

As we start this process our need for information comes into play. We've all heard that the consumption of dark chocolate is good for your heart, as is a glass of red wine daily. The advice and suggestions go on and on and after a very short time the confusion and contradictions start to set in.

When I started writing this message every month I started looking on the internet for any info I could find about all sorts of topics. Low fat diets, what the



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PRESIDENT'S MESSAGE

New Members

No new members last month

Birthdays

Maxine G. Langbein May 15
 Gloria M. Corbo May 18
 Charles Lyons May 19
 Laurence C. McNamara May 19
 Christopher Frost May 23
 Leonard Talalai May 24
 Ruth Brondstetter May 29

Surgiversaries

Beverly Baum-Philback May 1
 Barbara A. Wood May 1
 Eileen Downing May 30
 Margaret Esposito May 31

Visiting

April 2011:
 72 patient visits and
 48 family visits

If you want to be listed on this page, or would rather not be... Please contact the Treasurer.

All illustrations in this column from IMSI MasterClips CD © 1997 IMSI

(Continued from page 1)

working and computer savvy editor. Due to his relentless checking and cross checking, coupled with his vast knowledge of the heart related topics and the intricacies of the use and misuse of the way less than reliable sources post their information, I was saved the embarrassment of giving all of you bad information. And that's not to mention the fine points of copyright infringement. It was at this point that I decided to take his advice and started writing about things I knew about from personal experience.

The internet is a valuable tool if used properly, so from now on, I will be posting reliable links that have been properly checked. One of those is mendedhearts.org. For those of you that are not on the internet I will continue to read and report advice that is checked.

So the point is: any advice you decide to take should be checked closely. I'm starting my search for hot weather tips now and won't be boring you with any more computer cautions. I will be trying to be informative and factually relevant and correct.

Get outside and get some exercise and enjoy the season.

Your Chapter President
 Matthew M. Klug

Mended Hearts Chapter # 179

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Meeting South

Tuesday, May 24
1:00 - 2:30 pm

Debra Shar, RN
**Shingles — Prevention,
Symptoms & Treatment**

Molly Berkowitz, RN, NP
How Calling 911 Works

Community Room
Ambulatory Care Center
**Ocean Medical
Center, Brick**

A light lunch will be served

— **Call for information** —
— **Please register** —
1-800-DOCTORS

Meeting North

Thursday, May 26
12:00 - 1:00 pm

Rebecca Graboso, NP
Coordinator, RMC Stroke
Program

Advances in Stroke Care

Blaisdell 5th Floor
**Riverview Medical
Center, Red Bank**

A light lunch will be served

— **Call for information** —
— **Please register** —
1-800-DOCTORS

Meeting Schedule

Even Months
(Feb., Apr., June,
Aug., Oct., Dec.)

**Jersey Shore University
Medical Center,
Neptune,**
fourth Thursday

Odd Months
(Jan., Mar., May,
July, Sept., Nov.)

Ocean Medical Center,
Brick, fourth Tuesday
and

**Riverview Medical
Center, Red Bank,**
fourth Thursday

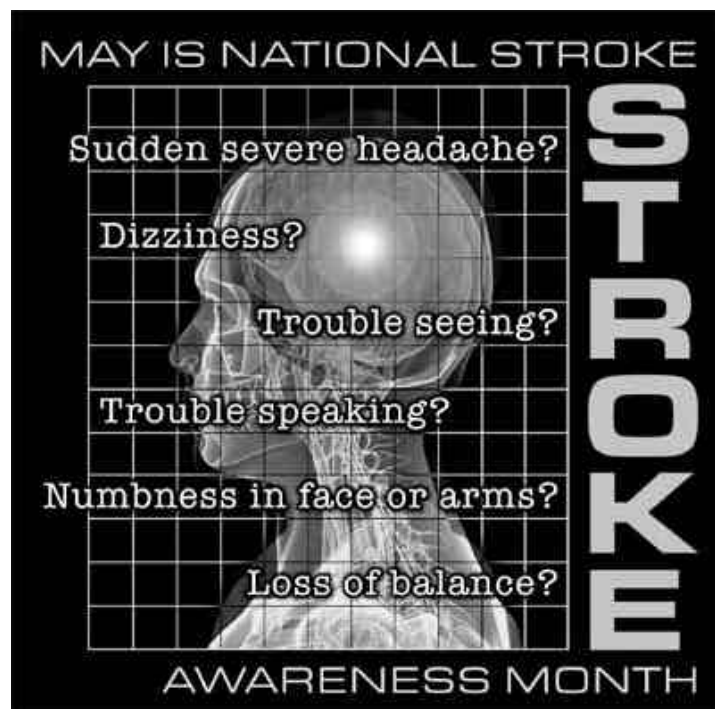
Graphic © Pages Editorial Service, Inc.

Executive Meeting

First Thursday
June 2, 10:00 AM

Conference Room
4th Floor Ackerman
**Jersey Shore University
Medical Center, Neptune**

**Interested members are
invited to attend**



Wanted:

Active members! A few people keep this chapter going, and there aren't enough of us. Don't count on us to keep doing it forever. We need backup. If you think it's great to be alive, it's even greater to help others. Contact Matt Klug: 732-988-7048, matthewklug@optonline.net.

A False Positive EKG

Matthew
Bregoff

January, this year: my wife became a candidate for total knee replacement. The earliest opening with her orthopedist was March 29th. Pre-admission testing took place two weeks earlier: March 15th.

A few days later she got a call: the EKG was positive. It showed ischemia—insufficient blood supply to the heart—usually caused by a blocked coronary artery.

My wife was scheduled for a stress test. This is a test in which the patient walks rapidly on a treadmill and her

heart is monitored by an EKG machine. Even before the treadmill started the technician noted that my wife's EKG was abnormal. With her damaged knee, the test was very painful, but she passed

the test. Now, we thought, she could have her knee replacement—but NO—her primary care physician refused to sign off on her surgery without knowing the cause of the abnormal EKG.

Now she was told that she had to undergo a heart catheterization. Of course a knee replacement is not a trivial procedure—there can be blood clots and/or infection. But this is a woman with normal blood pres-

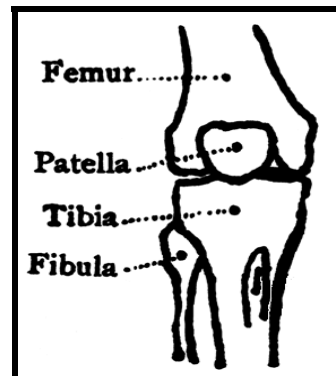
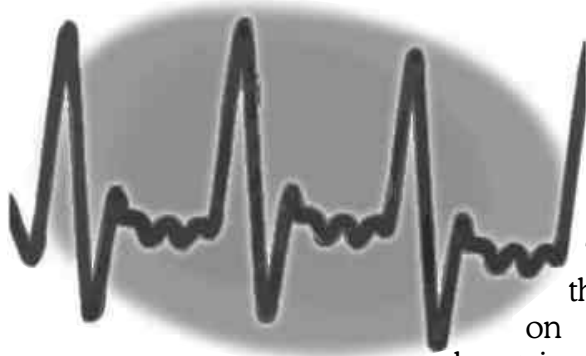
sure and cholesterol and no known symptoms of a heart condition, and her cardiologist told her before the catheterization that she could very well have had a false-positive EKG.

Let me quote from a paper by Lou-Anne M. Beauregard, M.D. for the Women's Heart Foundation: "The incidence of a false positive ECG following exercise may be as high as 25% in women, whereas it is less than 10% in men." Dr. Beauregard is a Manalapan, NJ cardiologist specializing in heart rhythm disturbances.

Well, my wife had the catheterization, and the test revealed that she had no plaque, hence no narrowing of her coronary arteries—no ischemia. There was no evidence of a prior heart attack. She was told that, for unknown reasons, she will always have a false-positive EKG.

It took another week for my wife to recover from the catheterization—she might have been allergic to the dye used in the test. On April 14th she had a successful knee replacement.

I hope that someday modern medicine will develop more accurate and less invasive ways to evaluate the state of a patient's heart. 🍷



Graphic above from IMSI MasterClips
CD © 1997 IMSI

Inset graphic adapted from Dunlop, James M., *Anatomical Diagrams For the Use of Art Students* (New York: G. Bell & Sons, Ltd., 1912), 51. Downloaded from <http://etc.usf.edu/clipart>. Copyright 2009, Florida Center for Instructional Technology.

A Member's Heart Surgery

How do you write about an experience that made you realize your life could just flutter away?

It started at a company "Christmas party." The year was 1984. There were about 250 to 300 men and women who worked in the company. Plenty to drink and eat, a good band playing ballroom and jitterbug to dance to.

I had some drinks, a lot of food and dancing with some very attractive women. All of a sudden something was happening to me. I had to find a chair to sit down in. Chest pain, pressure across the chest, shortness of breath and profuse sweating. The company doctor came over to see if I was okay, told me to see my family doctor as soon as possible the next day.

I checked in with my family doctor who made an appointment with the cardiologist. After a thorough examination he said I did not have a heart attack. From then on I was on a merry-go-round. New York hospitals: Roosevelt, St. Luke's. EKG's, stress tests, catheterization, many procedures. Mr. Beerman, you are a walking time bomb, ninety percent blockages, you are going to be scheduled for heart surgery as soon as possible.

This can't be me, 55 years old, active, a little overweight (200+ pounds). I like to eat. A Quality Control Manager, test engineer, chairman of an Engineering Lighting Committee.

Great job with Duro-Test, a light bulb manufacturing company in North Bergen, NJ.

For more than forty years I traveled back and forth to my place of employment in New Jersey, first from Brooklyn and then from Valley Stream, NY. I finally relocated to New Jersey—

and what happens? I need heart surgery! Maybe I should not have moved to New Jersey!

Admitted to St. Luke's Hospital in New York (one of only three hospitals in the U.S. accredited for heart surgery at that time). Surgery March 11, 1985, quadruple bypass. No support group, rehab, exercise – just good care. Just before the operation a patient who had the operation two weeks earlier came to visit me. He tried to give me a picture of what the operation was about.

Thirteen days after my bypass operation the surgeon and the cardiologist saw me for a final visit. If I was feeling okay, if all my functions were normal, I would be released next day to go home.

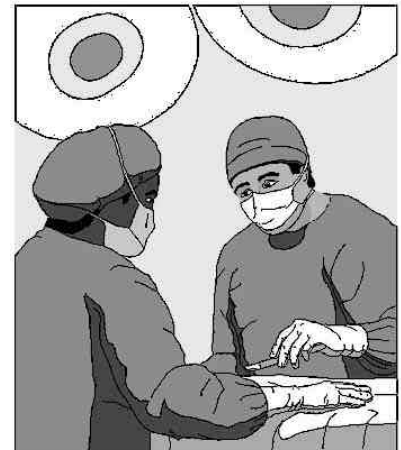
Home instructions: first check in with my cardiologist. The cardiologist gave me the do's and do nots. Try to walk a little each day, weather permitting. Increase walking distance each

(Continued on page 10)

*Jack
Beerman*



From a Christmas party ...



... to surgery.

illustrations from IMSI MasterClips
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April Meeting, JSUMC

*Martin
Brilliant*



Mark Lisky talking



Mark Lisky listening

Mark Lisky, trainer and fitness coach, was introduced by Chapter President Matthew Klug to tell us about exercise after cardiac rehab. Mark said he started over thirty years ago, working with athletes, because he was a competitive athlete and he understood athletes. Athletes are easy to train, he said, because they're motivated and disciplined. You don't have to push them; you have to hold them back.

Then about seventeen years ago he started working with people in their fifties and sixties, and a few years later, people in their eighties and nineties. Most of these people need to be pushed; they've been sedentary most of their lives. But they came to him for a reason. Some came because something happened to them—a cardiac event, a fall, a stroke, arthritis—that scared them. Others came because something happened to someone they knew, and it scared them. A third group came because they became caretakers of someone they knew, and they weren't fit enough to handle it.

As we age, we experience losses that affect our fitness—in our central nervous system (CNS), our skeletal system, and our musculature. One consequence of all these changes is that we're more likely to fall and injure ourselves. Strength training is the only kind of exercise that protects all systems of the body.

In the CNS, nerve conduction becomes slower, and reaction times get longer. Your tennis game isn't as good. If you stumble, you might not be quick enough to catch your balance, and you fall. One out of three people over 65 will fall, and the result can be cuts and bruises, fractures, or traumatic brain injuries. In addition, the brain starts to shrink in the late 20's: cells die and we collect decayed matter. Some studies suggest that exercise can create new brain cells. People who have been physically active most of their lives are three times less likely to suffer Alzheimer's and dementia.

Exercise for fitness is the only way to improve reaction time in an older person. Studies have shown that a 65-year-old who's been active for 25 years can have a better reaction time than a sedentary 25-year-old. Racquet sports improve reaction time; strength training improves reaction time and also increases the ability to exert force.

The skeletal system gets weaker as we age. Bones lose mass and density, and they become more brittle. That's osteoporosis. The spinal column gets compressed, the ribs fall on the pelvic rim, often causing the abdomen to distend; the neck bends forward, so the head drops—all these make us lean forward, shifting our weight so we're more likely to fall forward, and since our bones are more brittle, we break. Strength training—lifting weights—is the only

Photos by Martin Brilliant

way to increase bone mass and density and strengthen the bones.

We also lose *lean muscle mass*. That's *sarcopenia*. When you lose lean muscle you lose metabolism, because muscle has a high rate of using the energy the food you eat. If you don't eat less than you used to, you get fat.

You're shrinking—a quarter-inch per decade after 40—and you're expanding like a balloon. You're losing bone, muscle, and nerve cells, your metabolism is going down, you're eating the same: you gain weight. Loss of muscle also makes it harder to avoid falls.

Now, Mark said, let's take all that and put it into practicality—working out. After you get out of whatever rehab you've been in, it's important to stay in some kind of fitness program. Where do you go to do that?

One way is to go right into a fitness center in the hospital where you did your rehab. There's a fee, but it's about the price of a few cups of coffee and some lunches. You know the facility, people there know you, and there's a nurse there in case something comes up.

Alternatively you can go to a gym. Gyms make their profit on people who sign up for a year or more and stop going after a week or two, and on confusing those who stay so that they hire personal trainers. Visit the gym at the time of day you will be going there—because the crowds may be different—try it out for a month before you sign up, and

make sure they understand your medical situation.

The three essential parts of a workout are stretching, strength, and cardio. First you warm up. Then you do the training. Then you cool down with five or ten minutes on flexibility—stretching. The whole workout should take 20 to 30 minutes—not a lot of time—three days a week.

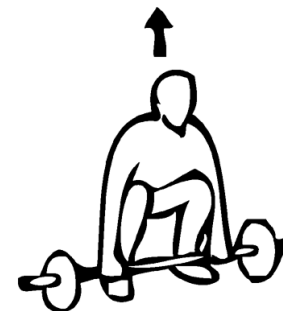
If you don't join a gym, or work out in a hospital setting, the next step is the parks system. The county parks have a variety of professionally run fitness programs at relatively low cost, including yoga, tai-chi, and other programs.

Or you could train at home. You'll need a treadmill, weights, benches and somebody to tell you how to do it. If you're not disciplined to go to a gym you won't be disciplined to train at home, and your expensive equipment will collect dust.

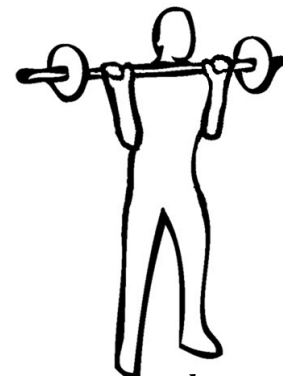
Or, finally, you could go out for a walk. We're built to walk. It's a weight-bearing exercise. Buy a pair of shoes, walk with friends, dress right and you can do it year round. It's one of the best therapies for peripheral vascular disease. The best surface to walk on is grass, or dirt—it's less wear and tear on your joints. We have lots of trails in our parks and around ball fields.

Questions and answers gave us more information. Rehab facilities in hospitals don't do much strength training. Maybe they're not familiar with strength training, or they're

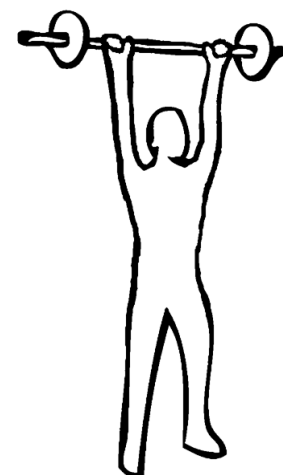
(Continued on page 10)



Grab ...



... clean ...



... and press.

This "clean and press" (see page 10) is not what your dry cleaner does to your suit.

Adapted from public domain drawings on openclipart.org

Heart News and Notes

Martin Brilliant
(Matthew Bregoff is on page 4)

Fixing Heart Valves Without Surgery

Information from
medpagetoday.com,
nejm.org and
theheart.org

Using a catheter to replace a narrowed aortic valve—the valve where the left ventricle pumps blood out to the body—was the subject of the PARTNER (Placement of AoRtic TraNscathetER) trial. A recent report on cohort A, consisting of 699 patients randomized to either TAVI (Transapical Aortic Valve Implantation) or open heart surgery, found TAVI and surgery equivalent for survival. There were more major strokes with TAVI, though the difference was not significant, while surgery led to more major bleeding. In cohort B, consisting of 358 patients ineligible for surgery and

randomized to either TAVI or medical care, a report last fall found that TAVI was better, and a recent report found the cost acceptable.

Mitral valves that don't close properly, letting blood leak back from the left ventricle to the left atrium, can be repaired with the MitraClip, which is implanted through a catheter. A recent report in the *New England Journal of Medicine* on the EVEREST II trial (Endovascular Valve Edge-to-edge REpair Study), which randomized 279 patients to either the MitraClip or surgery, found the MitraClip less effective, but safer. ❤️

Angioplasty Via the Arm, Not the Groin

Information from
medpagetoday.com,
medicalnewstoday.com
and *theheart.org*

Percutaneous coronary intervention (PCI) includes angioplasty and stent placement. In this country it's usually done by opening the femoral artery at the groin and threading a catheter through it. It's more common in Europe to thread a catheter through the radial artery, in the arm, opening it at the wrist. Both lead to the coronary arteries that supply blood to the heart. The radial artery is narrower, the opening in it easier to close.

either radial or femoral access. A recent report found that the main outcomes—fatalities, heart attacks, strokes and major bleeding—were the same in both cases, but radial access led to fewer complications at the point of entry to the artery. An editorial noted that the femoral artery might be preferred when larger catheters are needed.

Experts commented that clinical practice might be slow to change. Doctors here are more familiar with femoral access, but patients spend less time recovering from the procedure after radial access. ❤️

The RIVAL (Radial Vs. femoral access) trial randomized 7,021 coronary event patients in 32 countries to

Silent Heart Attacks after Non-Cardiac Surgery

Information from
theheart.org

A new study from the POISE trial (PeriOperative ISchemic Evaluation) found that undetected heart attacks are likely to occur after surgery, even if the surgery has nothing to do with the heart. Tests of 8351 patients in 23 countries found that 451 showed evidence of a heart attack within two or three days after non-cardiac surgery. Almost two-thirds of those patients felt no symptoms, possi-

bly because they were on painkillers for surgical pain. The patients who had heart attacks were less likely to survive in the short term.

The researchers said that simple therapy could have prevented many of the deaths. Aspirin reduced the risk of death by half, and statins lowered the risk by three-quarters. Not all patients got such treatment. ❤️

Last September we reported that an analysis of clinical trials had shown a 30 percent higher risk of heart attack in people who were taking calcium supplements to treat or prevent osteoporosis. Because of confounding factors, the analysis did not include the Women's Health Initiative (WHI), a seven-year trial of more than 36,000 women that found no increased risk due to calcium. In that trial, calcium was tested with Vitamin D, and many participants were taking calcium before the trial started.

A new analysis of data from the WHI, published last month in *BMJ*, focused on 16,718 women in the WHI

How many hours of sleep do you usually get each night? Do you usually feel rested when you get up? These questions were asked, between 1993 and 1997, in the MORGEN (Monitoring Project on Chronic Disease Risk Factors in the Netherlands) study.

After 10 to 15 years of following up 20,432 participants with no previous heart disease, the short sleepers—those who reported less than seven

We know that partly hydrogenated vegetable oil contains trans fats, and we avoid it because we know trans fats, even in small quantities, increase the risk of coronary artery disease and heart attack. We also know that meat and milk from ruminants (such as cows and sheep) naturally contain small amounts of trans fats, but we don't worry about that.

Should we worry? Maybe, maybe not. An analysis of 71,464 participants in the Norwegian Heart Study who were initially free of cardiovascular disease found some surprising results. No increase in risk was found for trans

who had not been taking calcium before the trial. It confirmed the new result: those who took calcium and Vitamin D in the trial had more heart attacks than those who did not.

The researchers said their analysis predicts that treating 1000 women with calcium and Vitamin D for five years would cause six heart attacks or strokes, while preventing only three fractures. Increased strokes may be due to calcification—calcium deposits accumulating in arterial plaque. Heart attacks occurring soon after starting calcium supplementation may be due to higher blood calcium affecting the clotting process. ❤️

hours of sleep—had 23 percent more coronary heart disease (CHD). Poor sleepers—short sleepers who reported not feeling rested—had all of 85 percent more CHD.

Previous studies—but not this study—found a higher risk of cardiovascular disease among long sleepers. Researchers in this study suspect that some long sleepers already had an unreported illness. ❤️

fats in partially hydrogenated vegetable oils. A substantial increase in risk was found for trans fats in both ruminant products (meat and milk) and in partially hydrogenated fish oil (formerly used in Europe, but not made since 2003).

The researchers suggested that they saw no risk from partially hydrogenated vegetable oil because the trans fats in margarine are mixed with healthful vegetable oils. *Your editor suggests that the risk attributed to trans fats in meat and milk might really be due to the saturated fats in the same foods. But the risk is there anyway.* ❤️

Calcium and Heart Attack: More Evidence

*Information from
medicalnewstoday.com,
medpagetoday.com
and theheart.org*

Sleeping Enough and Well Enough

*Information from
medpagetoday.com
and theheart.org*

Are There Risks in Trace Trans Fats?

*Information from
theheart.org and
medpagetoday.com*

A Member's Heart Surgery

(Continued from page 5)

day if you feel okay. Handed me a list of medications I must take. Buy a treadmill and use it each day if you want to survive. Call me with any problems or questions.

A nurse came in to instruct us how we must take care of healing incisions. Cleanse ribcage twice a day with iodine to prevent infection in the incision. Same procedure with staples holding ribcage together to prevent rusting. Leg incision once a day with antibiotics.

By following the many instructions given me by the doctor—food intake, weight loss (200+ down to 170-175), exercise, medications—I'm here to tell about it. The secret to

these 26 years is realizing that you have been given another chance to live. You are not an invalid. You can do what your mind and body say you can. Of course it all goes back to what you do to help yourself. Bypass, stents, valves, pacemakers, defibrillators, just to name a few – the common denominator is you.

I'm 82 now. I putter around the house. I drive both ways to see our children in Virginia and Vermont. I've gone on a few cruises. I volunteer at Jersey Shore University Medical Center with the Mended Hearts support group, getting a lot of satisfaction helping other cardiac patients over their hurdles. That's what it's all about – trying to do what we want to, when we want to. ❤️



Graphic from D&S MasterClips © 1997 D&S

April Meeting, JSUMC

Your editor likes to say it isn't your age, it's "the thousand natural shocks that flesh is heir to." If that's so, then whatever your age, if you have the joints, the balance, and the heart function of a younger person, you can do young people's workouts. But that's just my opinion.

(Continued from page 7)

afraid their patients are too frail to handle it. Mark says strength training can be done at any age.

Free weights and machines for strength training give similar results, but machines are safer. The number one cause of injuries in the gym is people dropping weights on themselves or others.

Some workouts we asked about, he said, are good for young people with good joints, good balance and healthy hearts, but not for older people. *High intensity interval training* develops the ability to deliver quick bursts of energy, like a sprinter. Ten minutes of interval training can be as good as two hours at lower intensity. "Clean and press"

is one of the best all around exercises: lift a weight from the floor to shoulder height and then overhead at arms' length. A listener said if you can *jump rope* 30 minutes without a break you're in great shape. Mark said that's something called *plyometrics*, a system for developing power—delivering energy quickly. None of these are for older people.

For lower back pain, two things are important: stretching, and strength training for your center—your core muscles.

To keep up your athletic ability, your base is strength and aerobic capacity, the next floor is the techniques of your sport, and the top is how you're mentally prepared. You need that base. ❤️



The Mended Hearts, Inc.
Hearts of Jersey Chapter #179
NEW MEMBER APPLICATION
 Not for renewals—wait for renewal notice

This is not the approved form. We put the best features of the approved form into our own form. You send us this form, and we fill out the approved form and send it to National.

Membership information: (please print or type)

Name (Mr./Mrs./Ms.) _____ Phone () _____
 FOR FAMILY MEMBERSHIP — other member (one only): Alt Phone () _____
 (Mr./Mrs./Ms.) _____ Email: _____
 Address _____ Preferred Contact: Phone Email Mail
 _____ Would like to visit patients
 City _____ State _____ ZIP _____ Help with other activities
 Preferred meeting time: Day Evening Place: JSUMC, Neptune OMC, Brick RMC, Red Bank

Medical/Demographic Information: (Optional—no application is denied based on information below)

YOURSELF

Date of Birth _____ Retired Yes No
 Vocation _____
 Interests _____
 Are you a: Physician RN Health Admin
 Other health professional Caregiver (not professional)
 Heart patient? Date of Surgery/Treatment _____

To let us list your name and dates on page 2, enter one date (month/day/year) above and INITIAL HERE _____.

PTCA Atrial Septal Defect VALVE:
 MI Pacemaker Aortic
 Aneurysm Transplant Mitral
 Bypass (how many _____) Other _____ Pulmonary
 Tricuspid

THE OTHER MEMBER

Date of Birth _____ Retired Yes No
 Vocation _____
 Interests _____
 Are you a: Physician RN Health Admin
 Other health professional Caregiver (not professional)
 Heart patient? Date of Surgery/Treatment _____

To let us list your name and dates on page 2, enter one date (month/day/year) above and INITIAL HERE _____.

PTCA Atrial Septal Defect VALVE:
 MI Pacemaker Aortic
 Aneurysm Transplant Mitral
 Bypass (how many _____) Other _____ Pulmonary
 Tricuspid

Membership Dues: Includes national dues and \$5.00 annual chapter dues. National membership includes subscription to *Heartbeat* and one insignia pin for an individual or two for a family membership. Chapter membership includes subscription to *The Jersey Heartbeat*. Dues less \$10.00 are tax deductible.

Annual Dues Payment

First Year and Renewal*

Individual: \$ 22.00
 Family: \$ 29.00

National Life Membership

First Year Renewal*

\$ 155.00 \$ 5.00
 \$ 215.00 \$ 5.00

Dues Summary:

First Year Dues \$ _____ (check one box in table above)
 Contribution \$ _____ (optional—tax deductible)
TOTAL \$ _____ (enter total here).

* Current members will receive a renewal notice in the mail from the national office each year six weeks before the renewal date. National Life Members pay chapter dues annually but will not pay any further national dues.

Please write check for the TOTAL to:
The Mended Hearts, Inc.

Send to Chapter Treasurer:

Neil Paulsen
337 E. Main St.
Manasquan, NJ 08736

