CHAPTER CHARTER PETITION STANDARDS
(Submit with chapter charter petition)

Proposed Chapter Name: ______________________________________________________
Chapters may create their own unique, brief name. The primary use of this name will be at the chapter level.

City or locality of: ____________________________________________________________
The city where the chapter meets will be designated as the location of the chapter. This designation will appear on all documents published at the national level.

State of: ________________________________________________________________

Specify Desired Date of Charter: __________________________________________

A. Number of charter memberships:
   1. Individual __________
   2. Family __________

B. Hospital(s) performing coronary surgery/MI care/other heart procedures:
   1. Name/Location __________________________________________________________
      __________________________________________________________
   2. Number of hospital beds ________________________________________________
   3. General geographic areas of patients’ residences:
      ______________________________________________________________

C. Type of procedures / surgery / MI care:
   1. Open Heart (valve bypass) Now?________ When?__________ __________
   2. Coronary Catheterization Now?______ When?__________ __________
   3. PTCA/Stent (Angioplasty) Now?______ When?__________ __________
   4. Heart Transplant Now?______ When?__________ __________
   5. Children’s Surgery Now?______ When?__________ __________
   6. MI Care Now?______ When?__________ __________
   7. Cath Lab Now?______ When?__________ __________
   8. Other _____________________________________________________________

D. Written or verbal commitment for visiting privileges received from:
   1. Cardiovascular Surgeons □ Yes □ No
   2. Cardiologists □ Yes □ No
   3. Volunteer Department □ Yes □ No
E. The hospital will provide the following support services:

- [ ] Desk office space
- [ ] Courtesy parking
- [ ] Food service
- [ ] Discounts
- [ ] Telephone
- [ ] Identification badges
- [ ] Patient locator services
- [ ] Other (LIST)

F. What organization will provide the following in-kind services:

- [ ] Desk office space
- [ ] Telephone
- [ ] Annual grant
- [ ] Newsletter printing
- [ ] Newsletter distribution
- [ ] Newsletter editing
- [ ] Newsletter mailing
- [ ] Label maintenance
- [ ] Other

Organization’s name: ____________________________________________________

G. Number in attendance? ______

H. Chapter Bylaws process started?  [ ] Yes  [ ] No (If no, please explain why)

I. Attachment – Officers List attached?  [ ] Yes  [ ] No

If no, please explain

J. Local chapter dues?  [ ] Yes  [ ] No

If so, dollar amount of annual chapter dues: Individual: $_______ Family: $_____________

Signed: ____________________________ Date: ________________

(Chapter President or President Pro-Tem)

Signed: ____________________________ Date: ________________

(Regional Director)

Regional or Assistant Regional Directors Use Only – Designate below who is to receive materials for presentation to chapter:

Send charter to:

________________________________________________________

________________________________________________________

________________________________________________________