Tiny Hearts of Maldives is an association established in memory of Keyaan, the beautiful first born son of Ali Muaz and Fathimath Hishmath Faiz, the founders of this association. Keyaan was born with a congenital heart condition, which resulted in his untimely death at the tender age of 2 and half months.

The experience of their son’s condition lead them to realize the critical need for access to information and assistance in dealing with specific health issues that affect newborns, infants and young children in general, in the Maldives.

Our mission therefore, is to endeavor to fill a much needed gap in providing information and professional knowledge to Maldivian parents on children’s heart health issues, with particular emphasis on congenital heart conditions.

Our aim is to inform and support parents, to empower, equip and prepare them with the knowledge to seek timely professional assistance when faced with the distressing situation of caring for children with medical conditions of the heart.

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THE FOLLOWING USING BLOCK LETTERS

Name Mr/Mrs/Ms: ...........................................................

D.O.B: _______ _______ ID No: ..............................

Permanent Address: ................................................................................................................
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Present Address: ....................................................................................................................
........................................................................................................................................

Nationality: ............................................................................................................................

Telephone Numbers:

Home: .......................... Office: .............................

Mobile: ..........................

E-mail: .................................................................

The association invites patients with congenital heart condition and their parents/guardians as special members.
Special members are required to provide additional information to enable us to provide necessary support.
Please indicate if you are a special member: Yes: No: ..........................

Relation with patient: .................................................................

All special members are required to fill an additional form available from this association.

Membership understanding:

* All members should abide by the relevant laws governing this association and any other resolutions passed by the relevant ministries
* All members are encouraged to actively participate in all activities of the association.
* Do you have any particular area of interest or specialties that could be of benefit to the activities of the association please specify.

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* Upon approval of your membership by the executive committee you will receive your membership number on a card including other information.

The membership card is a property of this association. In the event a member leaves the association, the card should be returned for cancellation.

I .........................................................................................have read and fully understood the above mentioned terms and agree to abide by them.

Sign: ......................... Date: ...........................

Official use:

Membership no: 0807.............. Authorized by: ............................................

Card Issue date: ......................... Membership Type: ...........................

I have received my Membership card from Tiny Hearts of Maldives.

Date: ................................................. Card received by: ................................. Sign: ..........................