

Name

## Healthcare Educators of Alabama (HEAL) New Membership and Renewal Application

Position/Title	
Employer	
Work Address	
County	
Phone Number	Work: Cell:
Email Address	
Region: Check One (See next page for map of HEAL regions.)	
□ Birmingham	☐ West
□ Northwest	☐ Southeast
□ Northeast	☐ Southwest
□ Central	
Home Information (Optional)	
Home Address	
City/ State/ Zip	
Membership Type	
□ New Member	□ Renewal
Payment	
\$25.00 Annually	Paypal <a href="https://www.paypal.me/healthcareeducators">https://www.paypal.me/healthcareeducators</a> (Scan the completed form to treasurer: pwmorgan@uabmc.edu)
	Check, Make payable to HEAL and send along with this application form to treasurer:  HEAL c/o Pamela W. Morgan  UAHSF, Education & Development  500 22nd Street South, Suite 106  Birmingham, Al. 35233
For Office Use Only:	
Payment Type: Paypal OR _	Check ( Personal or Company ) Check Number
	Date on Check: Amount:
Date Received:	Received by:

## MAP OF HEAL REGIONS

