



Healthcare Educators of Alabama (HEAL)

Membership Application

Download, complete application form, save a copy and send completed form to heal.educators@gmail.com.

Today's Date:				
Name				
Position/Title				
Employer				
Work Address				
County				
Phone Number Digits only	Work	Cell		
Email Address				
HEAL Region See map on next page)	Northwest Central	Northeast Southeast	West Southwest	Birmingham
Are you a new member?	Yes No			
Annual membership fees amount to \$25, payable once per calendar year.				
Payment Type	PayPal	Personal Check	Company Check	See Comments

Any comments or messages for HEAL regarding your membership? If yes, please add below.

If paying for more than one person, please use form on the 3rd page.

PayPal: <https://www.paypal.me/healthcareeducators>

Check: Make payable to HEAL. Send a check to the treasurer at the address below along with completed application/s. (If company check, please indicate to whom the payment applies.)

HEAL c/o Gwenda Guerin
2110 Maysville Rd NE
Huntsville, AL 35811

For Office Use Only: Notes:

Payment Type: Paypal Personal Check Company Check Check Number:

Company Name (if applicable)

Date on Check:

Amount:

If the payment pertains to more individuals than those listed in this application, a record of all recipients is kept in the Treasurer files.

MAP OF HEAL REGIONS

Northwest

Northeast

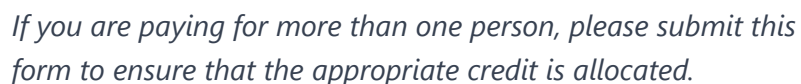
West

Central

Southwest

Southeast





(Select) DATE:

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DESCRIPTION	PAYING FOR: (FIRST AND LAST NAME)	FORMS EMAILED (IF APPLICABLE)	AMOUNT
		SUBTOTAL	
	Credit Due for _____		

TOTAL	
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Payment Options.

- PayPal: <https://www.paypal.me/healthcareeducators>. If submitting for more than one person, please assure HEAL knows who is being included in the payment. (Send a copy of this invoice with a note to our email address.)
- Check: Make payable to **HEAL**
Send Payment and this page to:
HEAL, c/o Gwenda Guerin
2110 Maysville Rd, NE
Huntsville, AL 35811

As a nonprofit 501(c) organization, HEAL is dedicated to its mission, which is "to offer guidance and assistance to healthcare educators in their endeavors to assess, plan, implement, and appraise training and educational services aimed at enhancing cost-effective, high-quality healthcare delivery." For a copy of our W9 form, please email us.