



# Healthcare Educators of Alabama (HEAL)

## Membership Application

Download, complete application form, save a copy and send completed form to [heal.educators@gmail.com](mailto:heal.educators@gmail.com).

|   |                      |                        |                   |              |
|---|----------------------|------------------------|-------------------|--------------|
| <b>Today's Date:</b>  |                      |                        |                   |              |
| <b>Name</b>   |                      |                        |                   |              |
| <b>Position/Title</b>   |                      |                        |                   |              |
| <b>Employer</b>   |                      |                        |                   |              |
| <b>Work Address</b>   |                      |                        |                   |              |
| <b>County</b>   |                      |                        |                   |              |
| <b>Phone Number</b><br>Digits only  | Work                 | Cell                   |                   |              |
| <b>Email Address</b>  |                      |                        |                   |              |
| <b>HEAL Region</b><br>See map on next page)                                   | Northwest<br>Central | Northeast<br>Southeast | West<br>Southwest | Birmingham   |
| <b>Are you a new member?</b>  | Yes                  | No                     |                   |              |
| <b>Annual membership fees amount to \$25, payable once per calendar year.</b> |                      |                        |                   |              |
| <b>Payment Type</b>   | 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 HEAL at the address below along with completed application/s. (If company check, please indicate to whom the payment applies.)

HEAL c/o Pamela Morgan  
2945 Jimmie Lane  
Birmingham, AL 35243

**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**





*If you are paying for more than one person, please submit this form to ensure that the appropriate credit is allocated.*

**Healthcare Educators of Alabama (HEAL)**  
**An affiliate of the Alabama Hospital Association**  
**Non-Profit (501c), EIN: 32-0246321**  
**Email: [heal.educators@gmail.com](mailto:heal.educators@gmail.com)**

**(Select) DATE:**

**In the box below, please add your name, title, facility, email address and day phone number.**

| DESCRIPTION | PAYING FOR:<br>(FIRST AND LAST NAME) | FORMS EMAILED<br>(IF APPLICABLE) | AMOUNT |
|-------------|--------------------------------------|----------------------------------|--------|
|             |                                      |                                  |        |
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|             |                                      |                                  |        |
|             |                                      | <b>SUBTOTAL</b>                  |        |
|             |                                      | <b>Credit Due for _____</b>      |        |

TOTAL

**Instructions:** Each individual must complete a Membership Application Form (attached) and send it to our email address.

**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 Pamela Morgan  
 2945 Jimmie Lane  
 Birmingham, AL 35243

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.