

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	Northwest		st	Northeast	West	Birmingham			
See map on next page)	Central			Southeast	Southwest				
Are you a new member?	Ŷ	′es	No						
Annual membership fees amount to \$25, payable once per calendar year.									
Payment Type	Pa	ayPal		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 Jimamie 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

