



## Membership Application

Healthcare Educators of Alabama

[Submit Completed Form to: [heal.educators@gmail.com](mailto:heal.educators@gmail.com)]

**Membership Dues are \$25.00 due once per calendar year.**

<b>Name:</b>		<i>Renewing Members, please let us know if your name changes.</i>
<b>Select Membership Status:</b> <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member (If no changes, skip to payment.)  Are you a Board Member? <input type="checkbox"/> No <input type="checkbox"/> Yes (Membership fees are waived)		
<b>Work Phone:</b>		<b>Mobile Phone:</b>
<b>Email:</b>		
<b>Job Title/Position</b>		
<b>Employer</b> (including city)		<b>Employer's County</b>
<b>Payment Method</b> <input type="checkbox"/> Zelle <input type="checkbox"/> PayPal <input type="checkbox"/> Personal Check <input type="checkbox"/> Company Check <input type="checkbox"/> Other		

### Payment Options / Information:

Zelle	PayPal	Mail
	<a href="https://www.paypal.me/healthcareeducators">https://www.paypal.me/healthcareeducators</a>  	<p>Make checks payable to <b>Healthcare Educators of Alabama</b>. Include this page and mail to the treasurer at the address below.</p> <p>HEAL, c/o Pamela Morgan          2945 Jimmie Lane          Birmingham, AL 35243</p>

HEAL, a nonprofit 501(c), supports healthcare educators in providing effective training for high-quality, cost-efficient care. [Email us](#) for a copy of our W9 form. **Important: Our W9 lists the Alabama Hospital Association as our mailing address. Please ensure payments are sent to the treasurer, not the Alabama Hospital Association.**