

HEAL Group Payment Form

An affiliate Non-Profit	e Educators of Alabama (HEAL) e of the Alabama Hospital Association t (501c), EIN: 32-0246321 al.educators@gmail.com	Contact Perso	on mormation	(INAME, EMAII, PI	ione).
		SELECT ONE FOR EACH INDIVIDUAL LISTED.			
	PAYING FOR: (FIRST AND LAST NAME)	MEMBERSHIP FORM SENT OR ATTACHED?	NEW MEMBER	RENEWAL	AMOUNT
				SUBTOTAL	
				Service Fees	
				Credit Due ?	
				Total Amt Due	
New S	ent Methods: (please indicate you Starting 2026. A small processing fee was below. Thanks for supporting HEAL!		•	dues to help cov	er costs as
	PayPal: https://www.paypal.me/healthe			ng fee applies).	
	Zelle: payment to heal.educators@gmail.com (no fee)				
	Credit Card (3.5 % processing fee applies). Email your application, and we will send an invoice via Square.				
	Check made payable to HEAL. Please email to heal.educators@gmail.com and mail to the treasurer: HEAL c/o Pamela Morgan, 2945 Jimamie Lane, Birmingham, AL 35243. [HEAL's W9 form is attached. Send check to HEAL treasurer, not to address on W9.] (No service fee).				