Membership Application

Healthcare Educators of Alabama

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

Name:	*Please let us know if your name changes.*
Select Membership Status: ☐ New Member ☐ Renewing Member Are you a Board Member? ☐ No ☐ Yes (Membership fees are waived)	
Work Phone:	**Mobile Phone:**
Email:	
Job Title/Position	
Employer (including city)	**Employer's County**
Highest Degree Held in Nursing:	**Other Degree:**

Membership Dues are $25.00 due once per calendar year.

Check one below.

☐ I will be paying for myself.

☐ My employer will be paying.

Payment Methods: (please indicate your payment method)

New Starting 2026. *A small processing fee will be added to membership dues to help cover costs as shown below. Thanks for supporting HEAL!*

☐ PayPal: https://www.paypal.me/healthcareeducators *(3% processing fee applies). Total: $20.75*

☐ 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. Total: $25.88*

☐ Check made payable to HEAL. Please email form to heal.educators@gmail.com and mail check to the treasurer: HEAL c/o Pamela Morgan, 2945 Jimamie Lane, Birmingham, AL 35243. Send check to HEAL treasurer, not to address on W9.] (No service fee).