

American Association of Legal Nurse Consultants – Southern New England Chapter

2010 Southern New England Chapter Membership Form

Please check one:

- NEW MEMBER
 RENEWAL
 Change in contact information

Name _____ RN License# _____ Exp Date _____ AALNC# _____ Exp Date _____

Address _____ Work Address _____

Phone (Home) _____ (Work) _____

Fax _____

E-Mail _____

Member category:

- ____ Active (\$75.00) A registered nurse maintaining an active license who is working in a consulting capacity in the legal field (must provide an RN lic. # and be a National AALNC member- provide number)
- ____ Associate (\$100.00) A registered nurse maintaining an active who has not worked in a consulting capacity during the previous 12 months- (must provide RN lic. # and be an National AALNC member- provide number)
- ____ Sustaining (\$125.00) An individual with an interest in the goals and activities of the Southern new England Chapter of AALNC (Not an RN).

Current LNC work (i.e. Plaintiff/Defense, Independent/In-house, Expert Witness, Risk Management, etc)

Areas of clinical nursing experience (ICU, ER, OR, Rehab, etc): Please put EW next to the areas you will do EW work.

Please check the committee you would be most interested in working with:

- | | |
|---|---|
| <input type="checkbox"/> PROGRAMS/EDUCATION | <input type="checkbox"/> PUBLICATIONS/NEWSLETTER/WEB SITE |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> BYLAWS | <input type="checkbox"/> NOMINATIONS |
| <input type="checkbox"/> PUBLIC SPEAKING | <input type="checkbox"/> OTHER |

Topics you would like to see addressed in future chapter meetings, or potential speakers:

Membership period expires in December. Please submit dues by January 31st.

Make check payable to "Southern New England Chapter" and send with this form to:

Cecile Galloway

15 Rock Road

Tynsboro, MA 01879

Please Email Cecile at cienurse@aol.com to let her know that you have sent your application, so that we can get your name on the member list ASAP

I, THE UNDERSIGNED, HEREBY ATTEST THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name _____ Date _____

-----Chapter Secretary Use Only-----

Welcome Letter Name Tag Specialties Member List Membership