

**American Association of Legal Nurse Consultants  
Southern New England Chapter**

**Southern New England Chapter Membership Application**

Please check one:       New Member       Renewal       Change in Contact Information

|                 |        |             |         |
|-----------------|--------|-------------|---------|
| Name:           |        |             |         |
| Address Work:   |        |             |         |
| Address Home:   |        |             |         |
| Phone Work:     |        | Phone Cell: |         |
| Fax:            |        |             |         |
| Email:          |        |             |         |
| RN License #:   | State: | Exp. Date:  | AALNC#: |
| Certifications: |        |             |         |

**Member Category**

|  |   |
|--|---|
| <input type="checkbox"/> Active (\$75.00)      | A registered nurse maintaining an active license who is working in a consulting capacity in the legal field (must provide RN license# and be AALNC member)                |
| <input type="checkbox"/> Associate (\$100.00)  | A registered nurse maintaining an active license who has not worked in a consulting capacity during the previous 12 months (must provide RN license# and be AALNC member) |
| <input type="checkbox"/> Sustaining (\$125.00) | An individual with an interest in the goals and activities of the SNE AALNC (not an RN)   |

**Professional Interests**

|  |
|--|
| Category of current LNC work (ie: Plaintiff/Defense, Independent/In-house, Expert Witness, Risk Management, etc.): _____ |
| Areas of clinical nursing experience (ie: ICU/ER/OR/Rehab, etc): _____   |
| Topics you would like to see addressed: _____  |

Membership period expires in December. Please submit dues by January 31<sup>st</sup>.  
 Make check payable to "Southern New England Chapter" and send with this form to:  
 Catherine Brown, Treasurer  
 1715 Plymouth Street  
 Bridgewater, MA 02324

I, the undersigned, hereby attest that the above statements are true and accurate to the best of my knowledge and belief.  
 (NAME) \_\_\_\_\_ (DATE) \_\_\_\_\_