



Pittsburgh Chapter

AMERICAN ASSOCIATION OF  
LEGAL NURSE CONSULTANTS

www.aalncpittsburgh.org

634 Blossom Drive  
Pittsburgh, PA 15236

aalncpgh@gmail.com

**AALNC MEMBERSHIP APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**PRINT YOUR NAME, REGISTRATIONS, DEGREES & CERTIFICATIONS**

as you wish to be named in documents, such as the newsletter:

e.g. Nancy Nurse, RN, BSN:CCRN

\_\_\_\_\_

Current Position/Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Mailing Address: Business  Home

Preferred Phone Contact: Business  Home

AALNC Membership Number: \_\_\_\_\_

**LEGAL NURSE CONSULTING  
PRACTICE**

Inhouse \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Years

Independent \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Years

Other (Specify) \_\_\_\_\_

**AREAS OF CONSULTING** \_\_\_\_\_

\_\_\_\_\_ Medical Malpractice

\_\_\_\_\_ Product Liability

\_\_\_\_\_ Worker's Comp

\_\_\_\_\_ Insurance

\_\_\_\_\_ Personal Injury

\_\_\_\_\_ Risk Management

\_\_\_\_\_ Rehabilitation

\_\_\_\_\_ Other (Specify)

**NSG EDUCATION/  
CERTIFICATIONS:**

Check all that apply and specify the type of degree or certification,  
e.g. C.S.—Certified Specialist/American Nurses Credentialing Center

DIPLOMA:  \_\_\_\_\_

ASSOCIATE'S DEGREE:  \_\_\_\_\_

BACHELOR'S DEGREE:  \_\_\_\_\_

MASTERS DEGREE:  \_\_\_\_\_

OTHER  \_\_\_\_\_

CERTIFICATIONS  \_\_\_\_\_

**NURSING LICENSE:**

Year Received:  
State(s):

License #:  
Expiration Date:

**NURSING EXPERIENCE:**

Specialty/Years In Each Area

**MEMBERSHIP CATEGORY**

|   |                                     |   | AMOUNT OF<br>CHAPTER DUES |
|---|-------------------------------------|---|---------------------------|
| <b>RN:</b><br>RN membership in the Association may be granted to any registered nurse who maintains active licensure in the United States or is recognized by the International Council of Nurses as a professional nurse, who practices in or is interested in the practice of legal nurse consulting. | <b>NEW</b> <input type="checkbox"/> | <b>RENEWAL</b> <input type="checkbox"/> | <b>\$60.00</b>            |
| <b>NON-RN:</b><br>Non-RN membership may be granted to individuals with an interest in the goals and activities of the Association.  | <b>NEW</b> <input type="checkbox"/> | <b>RENEWAL</b> <input type="checkbox"/> | <b>\$75.00</b>            |

**CHAPTER ACTIVITIES/COMMITTEES IN WHICH YOU ARE INTERESTED IN ENGAGING:**

|   |  |                                    |
|---|--|------------------------------------|
| Newsletter <input type="checkbox"/>               | Educational Programming <input type="checkbox"/> |                                    |
| Speaker's Bureau <input type="checkbox"/>         | Annual Conference <input type="checkbox"/>       | Ethics <input type="checkbox"/>    |
| Business Referral Bureau <input type="checkbox"/> | National News <input type="checkbox"/>           | Historian <input type="checkbox"/> |
| Other (Specify) <input type="checkbox"/>          |  |                                    |

I certify that the information given is correct, to the best of my ability. I authorize inclusion of the above information in the local membership directory.

Signature

Date

Please enclose this application and a check made payable to "AALNC, Pittsburgh Chapter" to:

**AALNC PITTSBURGH CHAPTER  
634 BLOSSOM DRIVE  
PITTSBURGH, PA 15236**

**You must prove membership in the American Association of Legal Nurse Consultants by providing your membership number. If you have not already joined the national association, please visit aalnc.org for more information on how to become a member.**

Contact us at [aalncpgh@gmail.com](mailto:aalncpgh@gmail.com) for any questions.