



Pittsburgh Chapter

AMERICAN ASSOCIATION OF
LEGAL NURSE CONSULTANTS

www.aalncpittsburgh.org

5830 Valencia Road
Gibsonia, PA 15044

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 _____ Personal Injury
____ Product Liability _____ Risk Management
____ Worker's Comp _____ Rehabilitation
____ Insurance _____ 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: _____ MASTERS DEGREE: _____
ASSOCIATE'S DEGREE: _____ OTHER _____
BACHELOR'S DEGREE: _____ CERTIFICATIONS _____

NURSING LICENSE:

Year Received:
State(s):

License #:
Expiration Date:

NURSING EXPERIENCE:

Specialty/Years In Each Area

MEMBERSHIP CATEGORY

AMOUNT OF
CHAPTER DUES

RN: 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.	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	\$60.00
NON-RN: Non-RN membership may be granted to individuals with an interest in the goals and activities of the Association.	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	\$75.00

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
5830 VALENCIA ROAD
GIBSONIA, PA 15044**

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 for any questions.