

# AALNC

Pittsburgh Chapter  
**AMERICAN ASSOCIATION OF  
 LEGAL NURSE CONSULTANTS**  
 www.aalncpittsburgh.org

PO Box 97104  
 Pittsburgh, PA 15229

412/939-3426  
 FAX 412/939-3427

## 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\*:** \_\_\_\_\_

**DO NOT INCLUDE NAME & EMAIL ON WEBSITE.**

**Preferred Mailing Address:** Business  Home

**Preferred Phone Contact:** Business  Home

**National AALNC Membership Number:** \_\_\_\_\_

**MEMBERSHIP CATEGORY:**

**AMOUNT OF  
CHAPTER DUES**

|  |                                     |   |                |
|--|-------------------------------------|---|----------------|
| <b>ACTIVE:</b><br>A Registered Nurse maintaining an active license in the U.S., its territories or possessions who is working in a consulting capacity in the legal field.   | <b>NEW</b> <input type="checkbox"/> | <b>RENEWAL</b> <input type="checkbox"/> | <b>\$60.00</b> |
| <b>ASSOCIATE:</b><br>A Registered Nurse maintaining an active license in the U.S., its territories or possessions who is interested in the goals and activities of the AALNC, but has NOT worked in a consulting capacity during the previous 12 months. | <b>NEW</b> <input type="checkbox"/> | <b>RENEWAL</b> <input type="checkbox"/> | <b>\$60.00</b> |
| <b>SUSTAINING:</b><br>An individual, business, organization or facility with an interest in the goals and activities of the AALNC.   | <b>NEW</b> <input type="checkbox"/> | <b>RENEWAL</b> <input type="checkbox"/> | <b>\$75.00</b> |

**NURSING LICENSE:**

Year Received: \_\_\_\_\_

License # \_\_\_\_\_

States: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**NURSING EXPERIENCE** (Specialty/Years in each area): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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  
\_\_\_\_\_ Workers' Comp \_\_\_\_\_ Rehabilitation  
\_\_\_\_\_ Insurance \_\_\_\_\_ Other (Specify)

**NSG EDUCATION/CERTIFICATIONS:** Check all that apply and specify the type of degree or certification.

Diploma  \_\_\_\_\_ Master's Degree  \_\_\_\_\_  
Associate's Degree  \_\_\_\_\_ Other  \_\_\_\_\_  
Bachelor's Degree  \_\_\_\_\_ Certifications  \_\_\_\_\_

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

|                          |                          |                         |                          |                 |                          |
|--------------------------|--------------------------|-------------------------|--------------------------|-----------------|--------------------------|
| Newsletter               | <input type="checkbox"/> | Educational Programming | <input type="checkbox"/> | Ethics          | <input type="checkbox"/> |
| Speakers Bureau          | <input type="checkbox"/> | Annual Conference       | <input type="checkbox"/> | Historian       | <input type="checkbox"/> |
| Business Referral Bureau | <input type="checkbox"/> | National News           | <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 indicate on the preceding page if you do **not** consent to listing your name and contact email on the Pittsburgh AALNC website membership section by checking box.

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

**AALNC PITTSBURGH CHAPTER  
PO BOX 97104  
PITTSBURGH, PA 15229-0104**

**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, complete the National AALNC form and send to the above address with your Pittsburgh Chapter application. The application will be forwarded to the national headquarters. If completing the national application online, please provide your AALNC membership number to us at [kesrehab@aol.com](mailto:kesrehab@aol.com).**

**Call Patty Costantini at 412/939-3426 with any questions.**