



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: _____

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

ACTIVE: 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.	NEW	RENEWAL	\$60.00
ASSOCIATE: 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 AALC, but has NOT worked in a consulting capacity during the previous 12 months.	NEW	RENEWAL	\$60.00
SUSTAINING: An individual who practices law or who is in the legal or medically related fields; or a business, organization or facility with an interest in the goals and activities of the AALNC.	NEW	RENEWAL	\$75.00

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

Newsletter	Educational Programming	
Speaker's Bureau	Annual Conference	Ethics
Business Referral Bureau	National News	Historian
Other (Specify)		

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
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 Pittsburgh post office 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.

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