

WV Upper Ohio Valley Chapter
American Association of Legal Nurse Consultants
P.O. Box 885
Wheeling, WV 26003
(304) 233-9500; Fax: (304) 233-1363

AALNC MEMBERSHIP APPLICATION

Last Name : _____ **First Name :** _____ **MI:** _____

Print Your Name, Registration, Degrees, and Certifications as you wish to be named in documents, such as the newsletter. Example: 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:

In-house:	_____ 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)

Nursing Education (Check all that apply)

_____ Diploma	_____ Masters	_____ Other (Specify)
_____ ADN	_____ BSN	

Nursing License: State License No. Expiration Date

Nursing Experience:
 Specialty/ Years in each _____

Membership Category Amount of Chapter Dues

Active: A Registered Nurse maintaining an active license in the US, its territories or possessions, who is working in a consulting capacity in the legal field.	New	Renewal	\$30.00
Associate: A Registered Nurse maintaining an active license in the US, 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	New	Renewal	\$30.00
Sustaining: An individual who practices law or who is in the legal or medical field; or a business organization or facility with an interest in the goals and activities of the AALNC	New	Renewal	\$50.00

Chapter Activities/ Committees in Which You Are Interested:

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, WV Upper Ohio Valley Chapter" to:

WV Upper Ohio Valley Chapter, AALNC
 P.O. Box 885
 Wheeling, WV 26003

You must prove your membership in the National AALNC by providing you membership number. If you have not already joined the national organization, complete the enclosed AALNC form and send to the Wheeling post office address above. The application and your check, made payable to AALNC, will be forwarded to the national headquarters.

Call Linda Hatcher at (304) 233-9500 with any questions.