

**New Jersey Chapter of the American Association of Legal Nurse Consultants
Membership Application**

Contact Information (as it will appear in directory)		Practice: (circle)
Name:		Independent
Credentials:		In-house Law Firm
Address:		Other: _____
City/State/Zip:		Nursing License
Phone:		RN License #:
Email:		State Issued:
Business name:		Expiration date:
Website:		Highest degree held:

Legal Nurse Certification (Full Title): _____

Type of Membership		
Active:	\$50.00	Must be a RN who currently provides consultation on healthcare issues within the legal arena. Active members may vote, hold office, serve on committees and partake of all other benefits of membership. An active member must be a member of the AALNC. (REQUIRED) AALNC ID#: _____
Associate:	\$40.00	Must be a RN with an interest in legal issues.
Sustaining:	\$100.00	Membership granted to individuals or groups with an interest in the goals and activities of the Association.

Method of Payment: Cash (at mtg) Check # _____ PayPal

Medical-Legal Practice Area (please select no more than 6)		
<input type="checkbox"/> Case Management	<input type="checkbox"/> Life Care Planning	<input type="checkbox"/> Risk Management
<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Medical Malpractice	<input type="checkbox"/> Toxic Tort
<input type="checkbox"/> Elder Law	<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Worker's Comp
<input type="checkbox"/> Expert Witness	<input type="checkbox"/> Product Liability	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Healthcare Law	<input type="checkbox"/> Rehabilitation	

Clinical Nursing Experience/Area of practice:	Authorization & Agreement/Verification
<i>Please list your nursing experience. If you are an expert witness in a specific area, please indicate.</i>	<i>I authorize publication of information contained within this application on the NJAALNC Membership Directory/Website.</i> Signature: Date:
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Committee Interests:	I certify this application was reviewed by me and all entries and information are true and complete to the best of my knowledge.
<input type="checkbox"/> Education	Signature: Date:
<input type="checkbox"/> Library	
<input type="checkbox"/> Membership	
<input type="checkbox"/> Newsletter/Publications	
<input type="checkbox"/> Nominating/Bylaws	
<input type="checkbox"/> Public Relations	