

**American Association of Legal Nurse Consultants
Southern New England Chapter**

Southern New England Chapter Membership Application

Please check one: New Member Renewal Change in Contact Information

Name:			
Address Work:			
Address Home:			
Phone Work:		Phone Cell:	
Fax:			
Email:			
RN License #:	State:	Exp. Date:	AALNC#:
Certifications:			

Member Category

<input type="checkbox"/> Active (\$75.00)	A registered nurse maintaining an active license who is working in a consulting capacity in the legal field (must provide RN license# and be AALNC member)
<input type="checkbox"/> Associate (\$100.00)	A registered nurse maintaining an active license who has not worked in a consulting capacity during the previous 12 months (must provide RN license# and be AALNC member)
<input type="checkbox"/> Sustaining (\$125.00)	An individual with an interest in the goals and activities of the SNE AALNC (not an RN)

Professional Interests

Category of current LNC work (ie: Plaintiff/Defense, Independent/In-house, Expert Witness, Risk Management, etc.): _____
Areas of clinical nursing experience (ie: ICU/ER/OR/Rehab, etc): _____
Topics you would like to see addressed: _____

Membership period expires in December. Please submit dues by January 31st.
 Make check payable to "Southern New England Chapter" and send with this form to:
 Jane Shufro, BSN,RN,CPAN
 Treasurer/ Secretary
 1327 Westgate Rd
 Wellesley MA 02481

I, the undersigned, hereby attest that the above statements are true and accurate to the best of my knowledge and belief.
 (NAME) _____ (DATE) _____