



Greater Indianapolis Chapter of AALNC
American Association of Legal Nurse Consultants
PO Box 1702
Indianapolis, IN 46206-1702
www.greaterindyaalnc.org

AALNC - GREATER INDIANAPOLIS LOCAL CHAPTER MEMBERSHIP FORM

By-laws of the National AALNC require membership in the National organization before membership in the local chapter can be accepted.

It is the Privacy Policy of the Greater Indianapolis Indiana Chapter of AALNC to release no information to parties outside of the Chapter except by express written permission of the member.

Three Categories of Membership: Check the level you wish to join.

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| <p>1.) An Active member:
 Must be an R.N. with a current license.
 Must be a member of National AALNC.
 Currently provides medical consultation
 in the legal environment.
 May vote, hold office and serve on committees.</p> | <p>\$35.00 First year <input type="checkbox"/></p> <p>\$25.00 Renewal <input type="checkbox"/></p> <p>(*Renewal after
 March 1st is \$35.00)</p> |
| <p>2.) An Associate member:
 Must be an R.N. with a current license.
 Must be a member of National AALNC.
 Has an interest in medical/legal issues, but
 experience is not required.
 May not vote, but may serve on committees
 with approval of the Chapter Board.</p> | <p>\$35.00 First year <input type="checkbox"/></p> <p>\$25.00 Renewal <input type="checkbox"/></p> <p>(*Renewal after
 March 1st is \$35.00)</p> |
| <p>3.) A Sustaining member:
 Is not an RN, but has an interest
 in the LNC career.
 Membership in National AALNC is <u>not</u> required.
 May not vote; may not serve on committees.</p> | <p>\$75.00 <input type="checkbox"/></p> |

Name: _____ Dues for Year of: _____

National AALNC Member #: _____ Expiration Date: _____ **A copy of your active RN**
 Registered Nurse License #: _____ Expiration Date: _____ **license must be enclosed.**

Facility name of current employer: _____
 Employer address: _____
 Work Phone: _____ Work Email: _____ Fax (W): _____
 Home Address: _____
 Home Phone: _____ Home Email: _____ Fax (H): _____

**AALNC - GREATER INDIANAPOLIS LOCAL CHAPTER
MEMBERSHIP FORM**

Areas of Clinical Practice:

Years of Experience:

Year graduated from Nursing School: _____ Name of School: _____

Year(s) completed of any LNC program: _____ Name of School: _____

Year graduation from Paralegal School: _____ Name of School: _____

Educational Background – Check all that apply and list the area in which the degree is held:

AD _____ PhD _____ BS _____ Nurse Practitioner _____ MS _____

Physician's Assistant _____ Paralegal _____ Other _____

Specialty Certifications _____

Legal Nurse Consulting experience:

No experience, interested in learning _____

Independent Consultant – list experience (years or number of cases) _____

In a Law Firm: Full-time _____ (years experience) Part-time _____ (years experience)

Hospital Risk Management/legal department _____ (years experience)

Insurance Company _____ (years experience)

Make Check out to:

The Greater Indianapolis Chapter of AALNC

Mail to:

The Greater Indianapolis Chapter of AALNC

P.O. Box 1702

Indianapolis, Indiana 46206-1702

Dues are nonrefundable.

Dues to AALNC Greater Indianapolis Chapter cannot be deducted as charitable contributions, but may be deductible for federal income tax purposes as ordinary and necessary business expenses. Consult your tax advisor for individual assistance in specific situations.

Declaration: I _____, hereby declare that all information herein is true and to the best of my knowledge.

Date: _____ Signature: _____

MEMBERSHIP DUES INVOICE - YEAR 2007

*Benefits of membership: Educational meetings: February, May, June, July, September, October
Educational meetings are free to members
Business meetings: January, March, November
Local chapter electronic newsletters/minutes monthly
Electronic postings of possible job openings
Networking opportunities with local and national members for professional growth
All business meetings held on the 3rd Wednesday of the month, 5:30 pm, please check the website and
emails for details of the location.*

For further information call:

Merianne Kerr, R.N.
151 N. Delaware St., Suite 1515
Indianapolis, Indiana 46204
317-822-9530
mkerr@fggplaw.com

Make Check out to / Mail to:

The Greater Indianapolis Chapter of AALNC
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Indianapolis, IN 46206-1702

Revised November 2006

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Please detach and return with your payment

Name: _____

Remit by February 28, 2007

Please Circle Your Choice:

Active - First Time Member	\$35.00
Active - Renewal	\$25.00
Active - After March 1, 2006	\$35.00
Associate - First Time Member	\$35.00
Associate - Renewal	\$25.00
Associate - After March 1, 2006	\$35.00
Sustaining	\$75.00