



**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.

- |  |  |
|--|--|
| <p>1.) An Active member:<br/>         Must be an R.N. with a current license.<br/>         Must be a member of National AALNC.<br/>         Currently provides medical consultation<br/>             in the legal environment.<br/>         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><b>(*Renewal after<br/>         March 1<sup>st</sup> is \$35.00)</b></p> |
| <p>2.) An Associate member:<br/>         Must be an R.N. with a current license.<br/>         Must be a member of National AALNC.<br/>         Has an interest in medical/legal issues, but<br/>             experience is not required.<br/>         May not vote, but may serve on committees<br/>             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><b>(*Renewal after<br/>         March 1<sup>st</sup> is \$35.00)</b></p> |
| <p>3.) A Sustaining member:<br/>         Is not an RN, but has an interest<br/>             in the LNC career.<br/>         Membership in National AALNC is <u>not</u> required.<br/>         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): \_\_\_\_\_

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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: \_\_\_\_\_**



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**MEMBERSHIP DUES INVOICE - YEAR 2009**

*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 3<sup>rd</sup> Wednesday of the month, 5:30 pm, please check the website and emails for details of the location.*

**For further information call:**

Jean Nightingale, R.N.  
151 N. Delaware St., Suite 1515  
Indianapolis, Indiana 46204  
317-822-9530  
jnight@gghplaw.com

**Make Check out to / Mail to:**

The Greater Indianapolis Chapter of AALNC  
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Revised February 2009

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**Please detach and return with your payment**

Name: \_\_\_\_\_

**Remit by February 28, 2009**

**Please Circle Your Choice:**

Active - First Time Member	\$35.00
Active - Renewal	\$25.00
Active - After March 1, 2009	\$35.00
Associate - First Time Member	\$35.00
Associate - Renewal	\$25.00
Associate - After March 1, 2009	\$35.00
Sustaining	\$75.00