



Membership Application 2018

Please check all that apply: ___ New Member ___ Renewal ___ AALNC member

Name _____ RN License # _____ Exp. Date _____

Address Work _____

Address Home _____

Phone (Home) _____ Phone (work) _____

Fax (Home) _____ Fax (work) _____

Email _____

Areas of current LNC work (such as Plaintiff/Defense, Independent/In-house, Expert Witness, Risk Management, etc)

Areas of Nursing Experience

What would you like to get out of your CTAALNC membership?

Please let us know any topic ideas for future meetings or suggested speakers.

Membership fee: Renewal fee - \$30 New Member fee - \$50

Please pay by check (make payable to Connecticut Chapter of AALNC)

Please mail this completed form and payment to:

Membership Chair
CT Chapter of AALNC
124 October Lane
Plantsville, CT 06479

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

(Name) _____ (Date) ___/___/_____