



Southern West Virginia Chapter

**SOUTHERN WV CHAPTER OF AALNC  
ANNUAL DUES STATEMENT - 2010**

Date: \_\_\_\_\_

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

**Please check one:**

**\$30.00 Active Level:** Registered nurse currently working as a legal nurse consultant

**\$30.00 Associate Level:** Registered nurse with an interest in the legal nurse consulting field

**\$50.00 Sustaining Level:** Other individual or corporation with an interest in promoting the goals of the chapter

**Membership fee is due by February 1<sup>st</sup>.**

To ensure our records are accurate and complete, please complete all information on this form. You may make changes directly on this form.

**Membership Profile Update:**

**Work Address:**

**Work Phone:**

**Fax:**

**Home Address:**

**Home Phone:**

**E-mail (home):**

**(work)**

**Certifications:**

**Medical/Legal Practice Area:**

**LNC Years Exp:**

**Exp date of AALNC Membership:**

**Clinical Nursing Experience:**

**Send payment to : Southern WV Chapter of AALNC, Box 75132, Charleston, WV 25375**