

NEW YORK CITY CHAPTER, AALNC

MEMBERSHIP APPLICATION

Please print your information, and mail it with a check payable to
“New York City Chapter, AALNC” for the appropriate dues level, to:
Denise M. Howard, Treasurer, Chief Financial Officer
New York City Chapter, AALNC203 Ocean Ave., Northport, NY 11768

NAME: _____
EMPLOYER/ BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ State: _____ ZIP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

AALNC # : _____ EXP DATE: _____

RN LICENSE # : _____ EXP DATE: _____

SPECIALTIES

EXPERT WITNESS: YES NO

AREA (S) of PRACTICE: _____

COLLEGE DEGREE (S): _____

HOW DID YOU HEAR ABOUT NYCCAALNC? _____

MEMBERSHIP CATEGORY

_____ ACTIVE—\$50.00 annual dues
_____ ASSOCIATE—\$60.00 annual dues

SIGNATURE: _____ Date: _____

Remember: **You must be a current member of AALNC to become a local chapter member.**
You may go to www.aalnc.org to join online, or obtain an application for membership to mail to the national AALNC.