

## Membership Application: Valid January 1 - December 31

The space below	w is provided for your contact	miormation.								
First Name:		Middle Initial:	Las	t Name:						
Credentials:										
Employer/Inst	itution/Affiliation:									
Address:										
City:	State:		Zip:	Country:						
Work Phone:	Cell	Phone:		Home Phone:						
Email:			Alternate E	Alternate Email:						
Participate in T	"AANA Referral Program* (see NSO Referral Program* (see htt "AANA Speakers Bureau* (see "t ctice in the online membership "AANA listserv (taana@lawtall	http://www.taan Gee "Areas of Pract directory:	a.org/bureau): ice" on page 2 _Yes No	Yes	No No	No				
Fellow Must have nursing and law degree  O \$415	Membership Dues (v First Year Post Graduate	valid until <u>12/31/2</u> Student ○ \$45	Affiliate Individuals interested in limited to the following: managers, health care pro	goals and services of TAAN Educationally prepared to p oviders, health care adminis ools, corporations, partnersh	oractice law strators, leg	, risk				
2. TAANA	A Foundation Donation	<b>ON</b> (not required f	or membership)	O \$		_				
3. Total Du	ue: (1 + 2 above)		\$							
Method ofCheck	•	Credit card: (A	mex, Discover, Visa,	MasterCard)						
If paying by cr	edit card complete the follow	ing information a	nd return to the TAA	NA Business Offic	ce					
Card Number:					_					
Expiration Date	e:	CID/Se	CID/Security Code:							
Print name as i	t appears on Card:				_					
Authorized Sig	gnature:									



O Other: please specify

## The American Association of Nurse Attorneys

		Nursing/Lega	al Inforn	nation						
Nursing School Attended:				Law School Attended:						
Graduation Date:				Graduation Date:						
Highest Nursing Degree Held:			Year Admitted to Supreme Court:							
			Bar Ac	dmission State(s):						
Select the Languages you Speak										
O Arabic	0	German	0	Japanese	0	Sign Language				
O hinese	0	Hebrew	0	Polish	0	Spanish				
O French	0	Italian	0	Russian	0	Vietnamese				
		Select Billin	g Prefer	ences						
O Accepts Contingency Fee	0	Accepts Legal Insurance	0	Hourly	0	HPSO/CAN				
O Accepts Credit Cards	0	Free Initial Consultation	0	Negotiate Flat Fee	0	NSO Provider				
Will be posted on all a	pplicable	Select Area web pages selected abov		c <b>tice</b> ers Bureau, TAANA/NSC	referral	list, Directory)				
O Administrative Law/Regulatory	O Cre	edentialing/Peer Review	O Intel	lectual Property/Internet	0	Personal Injury				
O Adv. Directive/Living Will/PoA				nsure/Discipline	0	Privacy/Compliance/HIPAA				
O Advanced Practice Nurse O Elder Law		O Malp	practice	0	Provider Networks					
O Antitrust O Employment/Labor Law		-	iation/ADR	0	Real Estate Law					
O Appeals from Court Cases O Estate/Wills/Trusts/Probate		O Military Law		0	Risk Management/Patient					
O Bankruptcy O Family Law		O New Business Formation			Safety					
O Bioethics	O Ge	neral Litigation	O Not	For Profit Corporations	0	Sales & Acquisitions				
		O Guardian/Conservatorship		sing Homes/Skilled	0	Social Security/Disability				
O Collective Bargaining/Unions O Health La		alth Law	Faci	•	0	Tax Law				
O Contracts (Draft/Review)	O Immigration		O Nurs	O Nursing Practice Issues		Whistle Blower				
					0	Workers' Compensation				