

The American Association of Nurse Attorneys - Texas Chapter

Membership Application / Renewal Year _____

Name and credentials:

Firm name and/or business address:

Business phone number:

Business email:

Business website:

Practice Area(s) - Circle One or More

Business Litigation
Disciplinary and License Defense
Domestic Violence
Education
Employment Law
Expert Witness
Health Law
Family Law
Legal Nurse Consulting
Medical Malpractice, Defendant
Medical Malpractice, Plaintiff
Peer Review
Personal Injury
Probate / Wills
Social Security Disability
Workers Compensation
Wrongful Death

Membership - Circle One

Nurse Attorney	\$40 per year
Legal Nurse Consultant	\$40 per year
Nurse in Law School	\$10 per year
Attorney in Nursing School	\$10 per year

Please send this completed form with payment to:

TAANA-Texas
P.O. Box 192006
Dallas, Texas 75219

Please make checks payable to TAANA-Texas.

Check here if you do not wish to have your profile listed on the chapter's public website