



Attorney Roster Information

We would like to add your name to our roster of attorneys. Please complete this form and return it ***along with a copy of your most recent curriculum vitae*** to:

Mail: Michelle Durfee, Administrative Supervisor
Nursing Advocacy and Information Program
New York State Nurses Association
11 Cornell Road
Latham, NY 12110-1499

Fax: 518-782-9533, Attn: NAI

Please type or print all information requested. Thank you.

Name:	
Degrees:	
Firm/Affiliation:	
Primary Mailing Address:	
City, State, Zip:	
Primary Phone:	
Primary Fax:	
Primary E-mail:	
Nursing Specialty Area:	
Primary Area of Law Practiced:	

Address as it should appear on roster (if different than above):

Work Address:	
City, State, Zip:	
Work Phone:	
Work Fax:	
Work E-mail:	

The New York State Nurses Association has my permission to provide interested parties with information regarding my practice as an attorney,

Signature:		Date:	
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