

BENEFITS OF MEMBERSHIP:

**Yes, I want to join my peers
as a member of our
professional
VA nursing association!**

Membership categories:

- | | |
|--|---------|
| <input type="checkbox"/> Active Member | \$90.00 |
| <input type="checkbox"/> Retired Member | \$50.00 |
| <input type="checkbox"/> NOVA Pin | \$10.00 |
| <input type="checkbox"/> NOVA Foundation | _____ |
| <input type="checkbox"/> Payroll Deduction (\$3.80 per pay period) | |

**Membership dues are *NOT* tax
deductible as a business expense.**

Payment Information:

- Check Enclosed (*make payable to NOVA*)

Charge to:

- VISA MasterCard

Account No.

Expiration Date

Name as shown on the card

Major Lobbying Power

Annual Meeting

NEWS FROM NOVA

Hot News

<http://www.vanurse.org>

Networking

**Please return completed form to
NOVA National Office
with your dues:**

NOVA

1726 M Street, N.W.

Suite 1101

Washington, D.C. 20036

phone - (202) 296-0888

fax - (202) 833-1577

e-mail: nova@vanurse.org

website: www.vanurse.org

**“Supporting Nurses in Providing Quality Care
to Our Country’s Veterans”**

MEMBER INFORMATION:

Name

Title

Street Address

City, State, Zip

Work Telephone (with extension)

Home Telephone

E-mail Address

Recruited by

TELL US ABOUT YOURSELF:

Specialty

(Birth Date MM/DD)

Highest Degree Completed

Position

Facility

Chapter No.

Would you be interested in serving on one of
NOVA’s committees?

- YES NO

PAYROLL DEDUCTION NATIONAL DUES:

Name of Employee

Employee S.S. No.

Station Name & No.

T & L Unit

Home Address

Section A For Use By Professional Organization

Nurses Organization of Veterans Affairs (NOVA),
1726 M Street, N.W., Suite 1101, Washington, D.C.
20036. I hereby certify the regular dues of this
organization for the above named member are established
at \$3.80 per bi-weekly pay period.



Executive Director

Section B – Authorization of Employee

I hereby authorize the Department of Veterans Affairs to
deduct from my pay each pay period the amount certified
above and the regular dues of NOVA and to remit such
amount to NOVA National Headquarters in accordance
with its arrangements with the VA. I further authorize
any change in the amount to be deducted which is
certified by NOVA as a uniform change in its dues
structure. I understand this authorization will become
effective the pay period following its receipt in the payroll
office of my employing agency. I further understand I
may cancel this authorization by filing a written
cancellation request with the payroll office. Such
cancellation request will not be effective, however, until
the first full pay period after the cancellation is received in
the payroll office.

Signature

Please take this completed form to your

fiscal office!

THE NOVA FOUNDATION

The Nurses Organization of
Veterans Affairs created the NOVA Foundation
of professional nurses and proponents of quality

health care for veterans.

The purpose of the Foundation
is quality healthcare for veterans
and those served by the

“Veterans Health Administration”

through the advancement of
the profession of nursing,

nursing education, scholarship,

promotion of nursing research and study.

“NOVA gives me an opportunity to be involved
in the political process, impact the delivery of
health care and feel like my voice is heard.”

“Membership in NOVA supports nurses and
demonstrates pride in nursing profession.”

“NOVA...sharing opportunities and knowledge
through educational programs, quarterly
newsletters, an up-to-date web page, and nursing
scholarships.”

Contributions to the NOVA
Foundation are tax deductible.

**Nurses Organization of Veterans
Affairs**

*“Shaping and Influencing Health
Care within the Department of
Veterans Affairs.”*



*Nurses Organization of Veterans
Affairs is a nationwide, voluntary
organization composed of registered
nurses employed by the
Department of Veterans Affairs.*