

# Payroll Deduction Form

Provide a copy to your fiscal office – send original to NOVA.

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)

47595 Watkins Island Square, Sterling, VA 20165,

I hereby certify the regular dues of this organization for the above named member are currently established at \$4.04 per bi-weekly pay period.

*Susan A. Dove*  
Executive Director

## 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



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 a 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 the nursing profession.”

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

**Contributions to the NOVA Foundation ARE tax deductible.**



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

**MEMBERSHIP APPLICATION**

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

**Yes, I want to join my peers  
as a member of the Nation's largest  
Professional VA Nursing Association!**

- Active Member** \$105  
 **Emeritus Member** \$50  
 **Payroll Deduction** (\$4.04 per pay period)  
 **NOVA Pin** \$15  
 **NOVA Foundation Contribution** \$\_\_\_\_

### Payment Information

- Check Enclosed**  
(Make payable to NOVA)

Charge to:

- VISA**     **MasterCard**

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name (as shown on card)

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

## NOVA ...

- Educates members of Congress about veterans' issues through an annual Legislative Roundtable with veterans service organizations, DVA and VHA leaders, including the Chief Nursing Officer and the Under Secretary of Health.
- Collaborates with other professional organizations to find creative solutions to enhance nursing retention and recruitment.
- Provides educational opportunities and networking through Annual and Regional Meetings.
- Offers nursing research grants and scholarships through the NOVA Foundation.
- Constantly explores and develops membership benefits like the Long-Term Disability & Life Insurance Programs.

### Mail/Fax Your Application To

**NOVA**  
**47595 Watkins Island Square**  
**Sterling, VA 20165**

**Phone - (703) 444-5587**  
**Fax - (703) 444-5597**

**Email: nova@vanurse.org**  
**Website: www.vanurse.org**

## Member Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Work Phone (with extension)

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
\*Home Email Address

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Chapter Number/ VISN

\_\_\_\_\_  
Recruited By

*\* In order to provide you with timely communication from NOVA, please provide your personal, non-VA, email address.*