



***JOIN NOVA AS
AN ASSOCIATE MEMBER!***

MEMBER BENEFITS:

- Recognition on NOVA's website at www.vanurse.org - we will post the link to your organization's website, your organization's logo, and contact information.
- Acknowledgement in NOVA's official electronic newsletter *NOVA News* – we will post your organization's web link, logo, and contact information.
- Receipt of 10% discount when exhibiting at all NOVA Annual and Regional Meetings.
- Receipt of *NOVA News* newsletter, as well as other important NOVA announcements.

ASSOCIATE MEMBERSHIP

WHO CAN BECOME AN ASSOCIATE MEMBER?

The Associate Membership is offered to supporters and sponsors of NOVA, including corporations and organizations.

WHAT ARE THE DUES FOR NOVA ASSOCIATE MEMBERS?

The dues for Associate Members are \$250.00 per year.

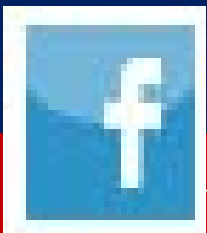
HOW TO BECOME AN ASSOCIATE MEMBER?

- Complete the membership application form and return it with your payment to the NOVA National Office.

-or-

- Complete the online application form and pay your membership dues with VISA or MasterCard at www.vanurse.org.

***"TO EDUCATE, COMMUNICATE AND
ADVOCATE FOR THE DEPARTMENT
OF VETERANS AFFAIRS NURSE
PROFESSIONALLY, PERSONALLY
AND LEGISLATIVELY."***



www.facebook.com/VAnurse.org

ASSOCIATE MEMBERSHIP APPLICATION

Last Name

First Name

Title/Position

Date of Application

Organization/Company

Street Address

City, State, Zip

Work Phone (*with extension, If applicable*)

Home/Cell Phone

***Business Email Address**

***Personal Email Address**

**In order to provide you with timely communications from NOVA, please provide your business & personal email addresses.*

- | | |
|--|----------|
| <input type="checkbox"/> *Associate Member | \$250 |
| <input type="checkbox"/> NOVA Membership Pin | \$20 |
| <input type="checkbox"/> *Support NOVA Scholarships through an "Educational Grant" | \$ _____ |

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

**Grants to support NOVA Scholarships are NOT tax deductible.*

TOTAL: \$ _____

METHOD OF PAYMENT

- *Check Enclosed VISA MasterCard

**Make payable to NOVA.*

Credit Card Number

Expiration Date

Name (*as shown on card*)

Signature

Please Mail or Fax Your Application to NOVA:

1120 Rte 73, Ste 200

Mt Laurel, NJ 08054

Phone: (703) 444-5587

Fax: (856) 439-0525

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