



Nurses Organization of Veterans Affairs

**STRENGTHENING NURSES.
EMPOWERING VETERANS.**

RETIRED VA NURSE?

JOIN NOVA TODAY

AS A NURSE EMERITUS MEMBER!

MEMBER BENEFITS:

- Educational and networking opportunities through Annual and Regional Meetings.
- Enhanced Long Term, Short Term Disability & Life Insurance Programs.
- The latest news in the *NOVA News* electronic newsletter and on the website at www.vanurse.org.

RETIRED AND STILL A RESOURCE!

THE NURSE EMERITUS GROUP exists to support the mission and vision of NOVA through continuing engagement of nurses who have retired or have immediate plans to retire from active employment in VA.

THE NURSE EMERITUS GROUP seeks to recognize and value the expertise of retired VA nurses through projects that support the working VA nurses and the Veterans they serve.

THE NURSE EMERITUS GROUP strives to recognize and celebrate the contribution of retired VA nurses through positive affirmation programs and projects.

WHAT ARE THE DUES FOR NURSE EMERITUS MEMBERS?

The dues for NOVA Nurse Emeritus members are \$50.00 per year.

WHAT DOES THE NURSE EMERITUS GROUP DO?

The Nurse Emeritus projects currently include: Mentoring Program for emerging NOVA leaders; NOVA membership promotion and fundraising efforts to support nursing scholarships.



[@NOVANurses](https://twitter.com/NOVANurses)



www.facebook.com/VA nurse.org

NURSE EMERITUS MEMBERSHIP APPLICATION

Last Name

First Name

Credentials

Chapter Number/Facility You Worked At

Years in Nursing

Home Street Address

Home City, State, Zip

Work Phone *(with extension, if applicable)*

Home/Cell Phone

*Personal Email Address

Date of Application

Recruited By

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

*Nurse Emeritus Member

\$50

NOVA Membership Pin

\$20

*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

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Phone: (703) 444-5587

Fax: (856)-439-0525

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