



**STRENGTHENING NURSES.
EMPOWERING VETERANS.**

MEMBER BENEFITS

- ★ Educational Webinars – earn CEs!
- ★ Tuition discounts for members pursuing nursing degrees.
- ★ Discounts on nursing certification exams.
- ★ Educational and networking opportunities through Annual and Regional Meetings.
- ★ Enhanced Long Term, Short Term Disability & Life Insurance Programs.
- ★ The opportunity to apply for nursing scholarships.
- ★ Annual Legislative Roundtable with Veterans Service Organizations, DVA and VHA leaders.
- ★ The latest news in the “NOVA News” electronic newsletter and on the website at www.vanurse.org.



www.facebook.com/VAnurse.org



@NOVANurses

**JOIN NOW AS A LPN/LVN
MEMBER OF THE NATION'S
LARGEST PROFESSIONAL VA
NURSING ASSOCIATION!**

NOVA'S MISSION:

To educate, communicate, and advocate for the Department of Veterans Affairs nurse professionally, personally, and legislatively.

NOVA'S VISION:

- ★ VA nurses will provide high quality nursing care.
- ★ VA nurses will have an optimal work environment.
- ★ VA nurses will be well informed on relevant issues that impact VA health care and nursing practice.
- ★ VA nurses will have a strong voice in the legislative arena.
- ★ VA nurses will have a strong presence at the VHA corporate leadership level.
- ★ **VA NURSES WILL BE NOVA MEMBERS.**



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

“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.”

LPN/LVN MEMBERSHIP APPLICATION

Last Name

First Name

*Personal Email Address

Credentials

Facility/Chapter Number/VISN

Street Address

Years in Nursing

City, State, Zip

Recruited By

Personal Phone

Date of Application

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

PAYMENT INFORMATION

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

- LPN/LVN Member \$100
- NOVA Membership Pin \$20
- Support NOVA Scholarships through an "Education Grant" \$_____

CHOOSE PAYMENT METHOD:

- Payroll Deduction (\$3.85 per pay period) Check Enclosed *Make payable to NOVA.*
- Charge to: VISA MasterCard

Account No.

Expiration Date

Name (as shown on card)

TOTAL \$ _____

MAIL/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

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)
1120 Rte 73, Ste 200, Mt Laurel, NJ 08054*

I hereby certify the LPN/LVN dues of this organization for the above named member are currently established at \$3.85 per bi-weekly pay period. Please use code V0B, Option A.

Kristy A. Chen

Executive Director

Employee

I hereby authorize the Department of Veterans Affairs to deduct from my pay each pay period the amount certified above for 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