



**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](http://www.vanurse.org).



[www.facebook.com/VAnurse.org](http://www.facebook.com/VAnurse.org)



@NOVANurses

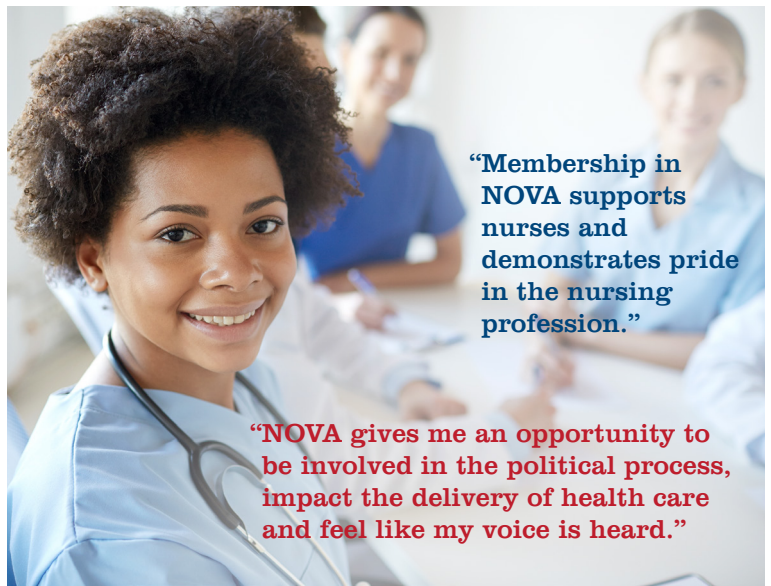
**JOIN NOW AS A REGISTERED  
NURSE MEMBER OF THE  
NATION'S LARGEST  
PROFESSIONAL VA NURSING  
ASSOCIATION!**

### 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.”

# REGISTERED NURSE MEMBERSHIP APPLICATION

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

\_\_\_\_\_  
Credentials

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

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

\_\_\_\_\_  
Personal Phone

\_\_\_\_\_  
\*Personal Email Address

\_\_\_\_\_  
Years in Nursing

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

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

*\*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.*

- Registered Nurse Member                      \$150
- NOVA Membership Pin                              \$20
- Support NOVA Scholarships  
through an "Education Grant"                      \$\_\_\_\_\_

### CHOOSE PAYMENT METHOD:

- Payroll Deduction                       Check Enclosed  
(\$5.77 per pay period)                      *Make payable to NOVA.*
- Charge to:     VISA                       MasterCard

\_\_\_\_\_  
Account No.                      Expiration Date

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

**TOTAL \$** \_\_\_\_\_

### 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](mailto:nova@vanurse.org)**  
**Website: [www.vanurse.org](http://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)  
47595 Watkins Island Square, Sterling, VA 20165.*

*I hereby certify the RN dues of this organization for the above named member are currently established at \$5.77 per bi-weekly pay period. Please use code VOB, Option G.*

*Sam 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 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