

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

- Active Member \$100
 Retired Member \$50
 Payroll Deduction (\$4.10 per pay period)
 NOVA Pin \$10
 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.**

The NOVA Mission:

*Shaping and influencing health care in
the Department of Veterans Affairs*

How?

- By educating members of Congress about veterans' issues, through an annual Legislative Roundtable with veteran's service organizations, DVA and VHA leaders, including the Chief Nursing Officer and the Under Secretary of Health.
- By collaborating with other professional organizations to find creative solutions to enhance nursing retention and recruitment.
- By offering nursing research grants and scholarships.
- By meeting regularly with the DVA Secretary, Under Secretary for Health and members of the House and Senate Veterans Affairs committees.

**Please return completed form to
NOVA National Office
with your dues:**

**NOVA
1726 M Street, NW
Suite 1101
Washington, DC 20036**

**Phone - (202) 296-0888
Fax - (202) 833-1577
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 Phone

Cell Phone

Home Email Address

Facility

Chapter Number/ VISN

Recruited By

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),
1726 M Street, N.W., Suite 1101, Washington, D.C.
20036. I hereby certify the regular dues of this
organization for the above named member are
currently established at \$4.10 per bi-weekly pay period.


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 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, quarterly newsletters, an up-to-date web page, and nursing scholarships.

Contributions to the NOVA Foundation are tax deductible.

Nurses Organization of Veterans Affairs

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



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