

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

**MEMBER BENEFITS:**

- Recognition on NOVA's website at [www.vanurse.org](http://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](http://www.vanurse.org).

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



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

*\*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](mailto:nova@vanurse.org) Website: [www.vanurse.org](http://www.vanurse.org)***