

***RETIRED VA NURSE?***

***JOIN NOVA TODAY***

***AS A NURSE EMERITUS MEMBER!***

**MEMBER BENEFITS:**

• Educational and networking opportunities through Annual and Regional Meetings.

• The latest news in the *NOVA News* electronic newsletter and on the website at [www.vanurse.org](http://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/VAurse.org](http://www.facebook.com/VAurse.org)

# NURSE EMERITUS MEMBERSHIP APPLICATION

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Last Name

First Name

Credentials

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Chapter Number/Facility You Worked At

Years in Nursing

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Home Street Address

Home City, State, Zip

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Work Phone *(with extension, if applicable)*

Home/Cell Phone

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\*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.*

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Credit Card Number

Expiration Date

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Name *(as shown on card)*

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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)*