NOVA Membership Application
www.vanurse.org

The Nurses Organization of Veterans Affairs (NOVA) is a nationwide, nonprofit professional organization whose mission is to educate, communicate, and advocate for the Department of Veterans Affairs nurse professionally, personally, and legislatively. NOVA membership is open to any APRN, RN, LPN/LVN employed full time, part time, and/or intermittent status by VA. Nurse Emeritus membership is open to APRN, RN, LPN/LVN nurses retired from VA.

MEMBERSHIP DUES*
NOVA offers three options to pay your membership dues.

1. Pay Dues in Full via Check/Credit Card
Pay your annual dues in full and receive immediate access to all NOVA member benefits! Annual membership dues are:

APRN Member $171
Registered Nurse Member $171
LPN/LVN Member $114
Emeritus Member $  57
Student/Non-Licensed Nurse $  57

2. Pay Dues in Monthly Installments Via Credit Card
Paying your annual dues is now even easier! Pay in affordable, monthly payments automatically charged to your credit card, giving you immediate access to all NOVA member benefits! Monthly dues are:

APRN Member $14.25 per month
Registered Nurse Member $14.25 per month
LPN/LVN Member $  9.50 per month
Emeritus Member Not Available
Student/Non-Licensed Nurse Not Available

3. Pay Dues via Payroll Deduction
NOVA members can have their dues taken out via payroll deduction through the VA. To complete this option, you must submit the application to NOVA Headquarters AND to your facility’s payroll department for processing. Your access to member benefits will not start until VA payroll deduction begins.

APRN Member $6.58 per pay period
RN Member $6.58 per pay period
LPN/LVN Member $4.38 per pay period
Emeritus Member Not Available
Student/Non-Licensed Not Available

MEMBER BENEFITS
Here’s what NOVA offers you...

★ Free On-Demand Webinars for CEs
Live and on-demand webinars designed specifically for VA nurses and valid for CEs.

★ Mentoring for Success
Mentoring designed to help you meet your professional goals for advancement in VA.

★ Tuition Discounts
Tuition discounts for pursuing nursing degrees.

★ Certification Discounts
Discounts on nursing certification exams.

★ Annual Meeting
Education and networking at the NOVA Annual Meeting.

★ Networking
Networking and socializing with peers at local chapters events.

★ Scholarships
Opportunity to apply for nursing education and Annual Meeting scholarships.

★ Advocacy
NOVA Hill Day advocacy event, Legislative Roundtable event, testimony and advocacy on behalf of VA Nurses.

★ NOVA News
Latest news and articles of interest to VA Nurses in “NOVA News” e-newsletter.

www.facebook.com/VAnurse.org
@NOVANurses
twitter.com/novanurses

NOVA
1120 Rt. 73, Ste. 200
Mt. Laurel, NJ 08054
Phone: 703-444-5587
FAX: 856-439-0525
Email: nova@vanurse.org

“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.”
NOVA Membership Application

**STEP 1: COMPLETE YOUR MEMBERSHIP INFORMATION**

Date of Application __________________________ Recruited by __________________________

Applicant First and Last Name __________________________ Credentials __________________________

Home Address __________________________ City, State, Zip __________________________

Cell/Home Phone __________________________ Work Phone __________________________

**Personal (Non-VA) E-mail Address** __________________________

Current Facility and/or Chapter __________________________

Select Member Type (check box): ☐ APRN ☐ RN ☐ LPN/LVN ☐ Emeritus (Retired) ☐ Student/Non-Licensed Nurse

**STEP 2: CHOOSE DUES PAYMENT METHOD** (check the box for method selected)

☐ Pay Dues in Full via Credit Card ☐ Pay Dues in Monthly Installments Charged to Credit Card

☐ Pay Dues via Payroll Deduction* ☐ Pay Dues in Full by Check

**STEP 3: PROVIDE PAYMENT INFORMATION**

For Payment in Full or Monthly Installments, provide credit card information below.

Credit Card Information ☐ Visa ☐ Mastercard Name on Card __________________________

Account No. __________________________ Exp. Date __________________________ CVV Code __________________________

Billing Zip Code __________________________ Amount to Charge $ __________________________ Signature __________________________

For Payment in Full by Check: Make check payable to NOVA and mail with copy of application to NOVA, 1120 Rt. 73, Ste. 200, Mt. Laurel, NJ 08054

For Payroll Deduction, complete the information below.

*You must give copy of application to local VA payroll office for payroll deduction set up AND mail/fax copy to NOVA at 1120 Rt. 73, Ste. 200, Mt. Laurel, NJ 08054 or Fax: 856-439-0525. Payroll department should contact NOVA at 703-444-5587 with questions on setting up NOVA payroll deduction.

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**Section A – For Use by Professional Organization**

Nurses Organization of Veterans Affairs (NOVA)

1120 Rt. 73, Ste 200, Mt. Laurel, NJ 08054

I hereby certify the APRN/RN dues of this organization are currently established at $6.58 per bi-weekly pay period and the LPN/LVN dues of this organization are currently established at $4.38 per pay period. Please use code VOB, Option G.

Deborah Dupnik, Executive Director

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**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: __________________________

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**STEP 4: SUBMIT APPLICATION**

Mail/fax application to: NOVA, 1120 Rt. 73, Ste. 200, Mt. Laurel, NJ 08054 Fax: 856-439-0525 Email: nova@vanurse.org

For Payroll Deduction: Take copy to VA payroll department AND send copy to NOVA. Access to benefits will not start until payroll deduction begins.

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