MEMBERSHIP DUES*

NOVA offers three options to pay your membership dues.

*Note: Membership dues are non-refundable

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
- Friend of NOVA: $185

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
- Friend of NOVA: 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 Nurse: Not Available
- Friend of NOVA: 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.
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________________________________________________________________________________________

*In order to provide you with timely communications from NOVA, please provide your personal, non-VA, e-mail address.

Current Facility and/or Chapter _________________________________________________________________________________________

Select Member Type: ☐ APRN ☐ RN ☐ LPN/LVN ☐ Emeritus (Retired) ☐ Student/Non-Licensed Nurse ☐ Friend of NOVA

☆ 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.

Employee Name as it appears on your paycheck__________________________

Employee Social Security Number______________________________

Station Name & Number____________________________

T&L Unit____________________________

Home Address____________________________________________________________________

Check off appropriate payroll dues for your membership type below:

☐ APRN Member $6.58 per pay period

☐ RN Member $6.58 per pay period

☐ LPN/LVN Member $4.38 per pay period

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

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.

☆ 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. At anytime if you wish to stop your membership you must contact the NOVA office.