



# Association Of Veterans Affairs NURSE ANESTHETISTS

## Membership Application – Payroll Deduction

☐ New Member

☐ Current Member

Name of Employee

Credentials

Street Address

City

State

Zip

Personal Phone

\*Personal Email Address

Station Name & No.

Social Security Number (Last Four Digits Only)

AANA Number

*\*In order to provide you with timely communications from AVANA, please provide your personal, non-VA email address.*

*When joining, your name and station (NOT contact information) will be posted on a membership list available to AVANA members only. To opt out of this list, please email [avana@assnoffices.com](mailto:avana@assnoffices.com).*

### Payment Method:

☐ Payroll Deduction (\$125 annually)

### Payroll Deduction Instructions:

- Please print and scan or take a picture of this completed form and send it to [avana@assnoffices.com](mailto:avana@assnoffices.com). We will contact you via personal email to welcome you to AVANA. It may take up to six weeks for Payroll to process this. If you do not hear from us, please email [avana@assnoffices.com](mailto:avana@assnoffices.com).

### Payroll Department Instructions:

- AVANA deduction code is **VJAA**. Search "VJAA" under general deductions in HR Smart.

### 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 AVANA and to remit such amount to AVANA 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 AVANA 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.

Employee Signature \_\_\_\_\_

### Section A—For Use By Professional Organization

Association of Veterans Affairs Nurse Anesthetists (AVANA), 400 W. Wilson Bridge Road, Worthington, OH 43085

I hereby certify the CRNA dues of this organization for the above named member are currently established at \$4.81 per bi-weekly pay period.

Diane Boettger, CRNA  
Executive Director