



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. _____ T&L Unit _____

Employee SSN _____ Recruited by (optional) _____

**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.

Membership in AVANA is annual, beginning March 1 and ending February 28. Dues are \$125 annually.

Payment Method:

Payroll Deduction (\$4.81 per pay period)

Payroll Deduction Instructions:

1. Send a copy of the completed application to avana@assnoffices.com **AND** to your local payroll office via inter-office mail.
2. When payroll processes your application, we will contact you via personal email. It may take up to 6 weeks to be processed by payroll. If you don't hear from us by then, please email avana@assnoffices.com

FAQs

- Your Station Number and T&L Unit can be found in VISTA, under your service record screen (#5). It is also on the front of your hardcopy paystub.
- If you would like to become the AVANA point of contact for your facility, send an email to avana@assnoffices.com, subject line Point of Contact

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), 17 South High Street, Suite 200 Columbus, OH 43215

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. Please use code VJAA.

Garrett Peterson

Executive Director