



# Association Of Veterans Affairs NURSE ANESTHETISTS

## Membership Application – Payroll Deduction

New Member

Current Member

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Name of Employee

Last four digits of SSN

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Street Address

City

State

Zip

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Personal Phone

\*Personal Email Address

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Station Name

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Membership in AVANA is \$125 annually, beginning on the date of joining and renewing each anniversary.

### Payment Method:

- Payroll Deduction (\$4.81 per pay period)

### Payroll Deduction Instructions:

1. Send a copy of the completed application to [avana@assnoffices.com](mailto:avana@assnoffices.com)
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](mailto:avana@assnoffices.com)

### 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.

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Employee Signature

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### Section A—For Use By Professional Organization

Association of Veterans Affairs Nurse Anesthetists (AVANA), 400 W. Wilson Bridge Rd, #120, 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. Please use code VJAA.

Managing Director