



**MEMBERSHIP APPLICATION FORM**

YOUR NAME:		AGENCY / ORGANIZATION NAME:	
TITLE:	PHONE:	FAX:	
ADDRESS:			
CITY:	STATE / PROVINCE:	ZIP / POSTAL CODE:	COUNTRY:
EMAIL ADDRESS:			
NEW OR RENEWAL (CIRCLE ONE): NEW MEMBERSHIP / RENEWAL MEMBERSHIP		MEMBERSHIP YEAR:	NOVAONE ID: (IF KNOWN)

**FORM OF PAYMENT**

Check or Money Order Enclosed  
 Credit Card Payment      Credit Card Type: MasterCard / VISA / American Express  
 Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Billing Postal Code: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**MEMBERSHIP TYPE**

DESCRIPTION	COST FOR MEMBERSHIP*	TOTAL AMOUNT
<b>Agency Memberships</b>		
Agency Membership	\$200.00	
Agency Plus Membership (Includes up to 5 complementary Annual Conference Regs)	\$1,800.00	
<b>United States Individual Memberships</b>		
Individual Membership	\$50.00	
Senior / Student Membership (Requires Verification)	\$35.00	
Sustaining Membership	\$100.00	
Patron Membership	\$200.00	
Life Individual Membership	\$500.00	
<b>International Individual Memberships (includes mailing costs)</b>		
Individual International Membership	\$65.00*	
Life International Membership	\$650.00*	
<b><i>In addition to my membership, I wish to make a tax deductible donation in the amount of:</i></b>		
<b><i>*All fees are in US Dollars</i></b>	TOTAL DUE:*	

**Note that NOVA Memberships are NON-TRANSFERABLE**

Revised: 20110110

**Please Make All Checks Payable to "NOVA"**

**RETURN VIA FAX TO NOVA: 703-535-5500 (IF PAYING BY CREDIT CARD) OR MAIL TO NOVA, ATTN: Membership, 510 King Street, Suite 424, Alexandria, VA 22314**

FEDERAL TAX IDENTIFICATION NUMBER: 59-1669254 - Thank You For Your Support!