



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

Note that NOVA Memberships are NON-TRANSFERABLE

Revised:20081208

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!