



INSTRUCTIONS: Please (1) complete this form; (2) make one copy; (3) send one copy back to NAVAP; and (4) give one copy to your Payroll Services Office. Thank you.

REQUEST FOR PAYROLL DEDUCTIONS FOR PROFESSIONAL ORGANIZATION NATIONAL DUES (ORGANIZATION CODE IS 7999)

1. Name of Employee (First, MI, Last) 2. Employee SSN

3. VA Station Name and Number 4. T&L Unit

5. Home Address

Section A – For Use by Professional Organizational Organization

National Association of Veterans Affairs Physicians and Dentists (NAVAPD)
P.O. Box 15418 Arlington, Virginia 22215-0418
Phone: 202-414-0782 Fax 540-972-1728

I hereby certify that the regular dues of this organization (**Code 7999**) for the above named member are currently established at \$6.15 per bi-weekly pay period.

Samuel V. Spagnolo, M.D. Date: 09/17/07
Samuel V. Spagnolo, M.D.
President, NAVAPD

Section B – Authorization by VA Employee for Payroll Deduction

I hereby authorize the Department of Veterans Affairs (VA) to deduct from my pay each pay period the amount certified above as the regular dues of *NAVAPD* and to remit such amount to *NAVAPD*.

National Headquarters in accordance with the arrangements made with the VA. I further authorize any change in the amount to be deducted that is certified by *NAVAPD* as a uniform change in its dues structure.

I understand that this authorization will become effective the pay period following its receipt in the payroll office of my employing agency. I further understand that I may cancel this authorization by filing a written cancellation request with the payroll office. Such cancellation will not be effective until the first full pay period after the cancellation is received in the payroll office.

Signature of VA Employee Date (Month, Day, Year)