



P.O. BOX 15418  
 ARLINGTON, VA 22215  
 PHONE: 866-836-3520  
 FAX: 540-972-1728  
 SERVICE@NAVAPD.ORG

# Membership Application Form

Please complete and return to NAVAPD with your check  
 or confirmation of payroll deduction

\_\_\_\_\_  
**Name**

\_\_\_\_\_

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State ZIP**

\_\_\_\_\_  
 Specialty

\_\_\_\_\_  
 VA Facility (Identify if VAMC, CBOC, VISN)

\_\_\_\_\_  
 Academic Affiliation

\_\_\_\_\_  
 Facility Station Number

\_\_\_\_\_  
 Academic Title

\_\_\_\_\_  
 Office Title

\_\_\_\_\_  
 Home Phone          Home Fax          Mobile Phone

\_\_\_\_\_  
 Office Phone          Office Fax

\_\_\_\_\_  
 Home Email

\_\_\_\_\_  
 VA Email

SIGNATURE \_\_\_\_\_

What is your status with the VA?  Full Time     VA Retiree (Year Retired \_\_\_\_ )     Resident     Providing Fee Based Services  
 If part time, hours per pay period\_\_\_\_\_

**DUES**  
 Fulltime VA = \$160    Physicians and Dentists working less than 1/2 time = \$100    Retirees = \$80    Residents and Fellows = \$45  
 Fee Basis Physicians and Dentists = \$160    Lifetime Membership = \$1,500  
 Check is enclosed     Paying by payroll deduction system (please complete form on reverse and take a copy of it to your payroll office)

*Contributions or gifts to NAVAPD are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.*



**INSTRUCTIONS:** Please (1) complete this form; (2) make one copy; (3) send one copy back to NAVAPD; 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)**

\_\_\_\_\_  
Name of Employee (First, MI, Last)

\_\_\_\_\_  
Employee SSN

\_\_\_\_\_  
VA Station Name and Number

\_\_\_\_\_  
T&L Unit

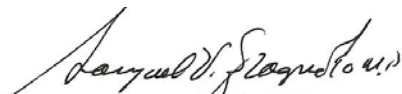
\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

Section A – For Use by Professional Organizational Organization

National Association of Veterans Affairs Physicians and Dentists (NAVAPD)  
P.O. Box 15418 Arlington, Virginia 22215  
Phone: 866-836-3520 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.

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)