



Student Gold Bundle Information

Association of Surgical Technologists

6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031

Phone: 1-800-637-7433 Email: memserv@ast.org

This is not an application, this form is to assist the program director/instructor in collecting student information prior to filling out the ONLINE Educators Student Group Exam Bundle application.

FOR EDUCATORS ONLY:

- Print off and give to students to fill out the required information
- Make sure to have each student fill out this form in its entirety
- Collect all applications
- Go to https://ffst.formstack.com/forms/gold_bundle
- Fill out the application in its entirety do not submit until all student information is entered.

STUDENT INFORMATION

Last Name	First	Middle Initial
Address		Apt. #
City		State Zip
Contact Phone (include area code)	E-Mail	

Students personal email address not the school email address.

If you are an existing member or have ever been an AST member - you must complete the next section!

If you do not remember your membership number, please contact AST at:

email: memserv@ast.org phone: 1-800-637-7433 www.ast.org online chat

MEMBERSHIP

Are you or have you ever been a member of AST? No Yes **If yes, please fill out information below:**

What is or was your membership number?

If you enrolled under a different last name, what is the last name previously used?

If your address is a different one from above, what was your old address?

Address

City State Zip

FOR STUDENTS ONLY:

Please return to your program director/instructor after completion.

Do not submit this information sheet to AST.

Thank you!