



Student Application

Association of Surgical Technologists

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

Phone: 800.637.7433 • Fax: 303.694.9169 • www.ast.org

Please check the appropriate choice for membership dues or bundle.

- STUDENT MEMBERSHIP • \$45**
Requirement: Currently enrolled in a surgical technology program.
- GOLD STUDENT PRINTED EXAM BUNDLE • \$247****
- GOLD STUDENT ONLINE EXAM BUNDLE • \$240****

**** If applying with a group gold bundle - only **ONE** type of bundle (printed or online) is permitted for the whole group.

COMPARE THE SAVINGS ON GOLD EXAM BUNDLE!			
	Nonmember	Gold Student	Online
AST Membership	N/A	\$35	\$35
Exam Study Guide	\$65	\$45	\$45
Exam Application	\$290	\$160	\$160
S&H	\$7	\$7	
TOTAL	\$362	\$247	\$240

** To qualify students **must** be currently enrolled in a CAAHEP- or ABHES-accredited surgical technology program. The Gold bundles are for first-time certification only. If your program director does not have an ARC Program Code, your program is not approved/accredited/in candidacy, and you do not qualify for the discounted student exam bundles.

STUDENT INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Contact Phone (include area code) _____ E-Mail _____
 State Assembly (If applicable indicate preferred State Assembly if different from state address listed.) _____

SCHOOL INFORMATION

Complete Institution/School Name—do not abbreviate:

ARC Program Code: _____ Instructor's Email: _____

Instructor's Last Name: _____

PAYMENT METHODS

Due to nonsufficient funds personal checks are **NOT** accepted. Payments must be submitted by money order, cashier's check, institutional check, Visa, MasterCard, or AMEX. Due to PCI compliance, AST CANNOT accept credit card payment information by fax or email, you can mail or call in your credit card information.

Make checks payable to AST. Dues are not refundable and membership is not transferable. A portion of your dues are allocated to the state assembly of your choice.

- Individual Payment—Credit Card Payment Enclosed
- Individual Payment—Cashier's Check or Money Order Enclosed
- Group Payment—Credit Card Payment Enclosed
- Group Payment—Institutional Check, Cashier's Check or Money Order Enclosed

Card # _____ Expiration Date ____/____/____

Signature _____

- Check here if you **do not** wish to receive email notification in addition to your regular postal notifications.
- AST shares mailing information with a very limited number of organizations which provide membership with liability coverage and other services at a discounted rate as a benefit of membership. Check here if you **do not** wish to receive information.

Join AST Today!

Print and mail your application with payment to
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