

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.

\*\* 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.

## 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	
<b>TOTAL</b>	<b>\$362</b>	<b>\$247</b>	<b>\$240</b>

### 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 School Name—do not abbreviate: \_\_\_\_\_  
 Campus \_\_\_\_\_  
 ARC Program Code \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Instructor's Last Name \_\_\_\_\_ Instructor's Email \_\_\_\_\_

### 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.** 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       Group Payment—Credit Card Payment Enclosed  
 Individual Payment—Cashier's Check or Money Order 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  
 AST • 6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120 or fax to  
 303.694.9169 (please call to make sure we received your fax.  
 or submit this form by email to [memserv@ast.org](mailto:memserv@ast.org)