



# 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](mailto: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](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](mailto:memserv@ast.org) phone: 1-800-637-7433 [www.ast.org](http://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!**