Student Membership Application

Association of Surgical Technologists
6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031
Phone: 800.637.7433 • **Email:** memserv@ast.org • **www.ast.org**

STUDENT MEMBERSHIP
$45

- PLEASE READ.
- You must be currently enrolled in a CAAHEP or ABHES-accredited surgical technology program.
- Please ask your program instructor/director if you student membership is included in your program before paying or submitting a student membership application.
- Membership is non-refundable.
- This form must be either typed or hand-printed. If this form is not legible it will be returned.
- You must provide your personal email address and not a school email address.
- AST doesnt accept Discover cards

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.

Print and mail your application with payment to
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