



State Assembly Delegate & Alternate Form

Association of Surgical Technologists State Assembly
6 West Dry Creek Circle, Suite 200 • Littleton, CO 80120-8031
Phone: 303.325.2516 • stateassembly@st.org

SUBMIT COMPLETED FORM BY EMAIL ATTACHMENT TO stateassembly@ast.org

Submission Date: _____

State Assembly Name: _____

Chairperson of Delegation: _____

Submitted By: _____

Title: _____

Delegates & Alternates elected by the general membership? Yes No

Annual Business Meeting: Date Elected _____ Location (City) _____

Submit to
AST within
five (5)
business
days of
elections
and when
changes of
delegates or
alternates

DELEGATES - up to six (6) delegates maximum

CHAIR - DELEGATE 1 **Cannot be Chair if not a delegate*

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

CONTACT PHONE NUMBER _____ Cell Home Work

AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____

NBSTSA CERTIFICATION _____ EXPIRES _____

DELEGATE 2

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

CONTACT PHONE NUMBER _____ Cell Home Work

AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____

NBSTSA CERTIFICATION _____ EXPIRES _____

DELEGATE 3

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____
CONTACT PHONE NUMBER _____ Cell Home Work
AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____
NBSTSA CERTIFICATION _____ EXPIRES _____

DELEGATE 4

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____
CONTACT PHONE NUMBER _____ Cell Home Work
AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____
NBSTSA CERTIFICATION _____ EXPIRES _____

DELEGATE 5

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____
CONTACT PHONE NUMBER _____ Cell Home Work
AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____
NBSTSA CERTIFICATION _____ EXPIRES _____

DELEGATE 6

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____
CONTACT PHONE NUMBER _____ Cell Home Work
AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____
NBSTSA CERTIFICATION _____ EXPIRES _____

ALTERNATES - up to six (6) alternates maximum *Cannot be Chair if an alternate

ALTERNATE 1

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

CONTACT PHONE NUMBER _____ Cell Home Work

AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____

NBSTSA CERTIFICATION _____ EXPIRES _____

ALTERNATE 2

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

CONTACT PHONE NUMBER _____ Cell Home Work

AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____

NBSTSA CERTIFICATION _____ EXPIRES _____

ALTERNATE 3

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

CONTACT PHONE NUMBER _____ Cell Home Work

AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____

NBSTSA CERTIFICATION _____ EXPIRES _____

ALTERNATE 4

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____
CONTACT PHONE NUMBER _____ Cell Home Work
AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____
NBSTSA CERTIFICATION _____ EXPIRES _____

ALTERNATE 5

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____
CONTACT PHONE NUMBER _____ Cell Home Work
AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____
NBSTSA CERTIFICATION _____ EXPIRES _____

ALTERNATE 6

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____
CONTACT PHONE NUMBER _____ Cell Home Work
AST or ASA MEMBERSHIP NUMBER _____ EXPIRES _____
NBSTSA CERTIFICATION _____ EXPIRES _____

Thank you for your submission. If you did not receive a confirmation email within three business days, AST did not receive and please resubmit.