



## American Society of Extracorporeal Technology

330 N. Wabash Ave., Suite 2000 • Chicago, IL 60611 • Phone: (312) 321-5156  
Fax: (312) 673-6656 • Email: amsect@amsect.org • www.amsect.org

### STUDENT MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_ Degree/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Gender:  Male  Female

### EDUCATION

Perfusion School (required): \_\_\_\_\_ Location (City, State, Zip): \_\_\_\_\_

Date of Graduation: \_\_\_ / \_\_\_ / \_\_\_

Program Director (print name) \_\_\_\_\_

Program Director Email Address: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

### PAYMENT INFORMATION

Student Membership Fee: \$15.00

Please fill out and submit your membership application and check, made payable to AmSECT, to the address below:

**AmSECT**  
**PO Box 776299**  
**Chicago, IL 60677**

### STUDENT MEMBERSHIP ELIGIBILITY

Enrolled in an accredited program of perfusion education, approved by the Board of Directors. Students shall pay national dues as prescribed by the Board of Directors. Student members shall have voice but no vote and shall not be eligible for election to office. Student members shall pay dues one time and remain student members while actively enrolled in the perfusion education program.