



Office Use Only	
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Prog Code	_____

FY2012

Student Associate Membership Application

This application must be typed and submitted to the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) along with the NBCRNA Student Enrollment Form. All completed Student Associate Membership Applications are to be returned at the same time by the program director, **not by the individual student**, no later than 30 days following enrollment in the anesthesia program. Only applications for the current year will be accepted. Please alphabetize all applications and payments by last name.

Personal Information:

1. Name: _____
(Last) (First) (Middle)

2. Address: _____
(Number and Street)

(City) (State) (Zip Code)

3. Sex: F _____ M _____ **4. Social Security Number:** _____ **5. Birth date:** _____
(month/day/year)

6. Maiden Name: _____ **7. Email:** _____

8. Telephone numbers: Home (_____) _____ Cell (_____) _____
(Area Code/Number) (Area Code/Number)

Student Associate Membership

Students enrolled in accredited programs of nurse anesthesia shall be eligible for student associate membership, which shall not be continued beyond the reporting of the results of the first certification examination for which the student would be found eligible. Such membership shall be automatic upon submitting a completed application and payment of dues, and shall not require action of the Board of Directors. **Associate membership dues are not refundable or transferable should you leave your current anesthesia program.**

Privileges. Associate membership shall provide: (a) subscriptions to the ASSOCIATION's publications, (b) an electronic, or paper upon request, membership card designating Associate membership, (c) the privilege of attending meetings as a nonvoting participant, (d) the privilege of being elected by the student body present at the Annual Meeting to serve on the Education Committee, and (e) the privilege of being appointed by the President to serve on a committee, subject to the approval of the Board of Directors.

\$100.00 (cashier's check or money order made payable to American Association of Nurse Anesthetists required, do not staple to form)