



Excellence Through Quality*

Membership Application

OFFICE USE ONLY

ITEM CODE OIMBR22
Order Number _____
Member Number _____

Preferred Mailing Address: Home Business Industry: Healthcare Service
 Mr. Ms. Mrs. Dr. Male Female Government Education
Date of Birth _____ / _____ / _____ Manufacturing Other
M D Y

- 1** Member Type:
 Professional \$169
- 2** The one geographic section included with Professional membership will be determined by your primary address.
- 3** Technical Community Selections
Your Professional membership includes access to all 26 topic- or industry-specific Technical Communities. Use the list below to select which technical communities you would like to belong to.

| | |
|---|--|
| <input type="checkbox"/> Audit | <input type="checkbox"/> Innovation |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Inspection |
| <input type="checkbox"/> Aviation, Space and Defense | <input type="checkbox"/> Lean Enterprise |
| <input type="checkbox"/> Chemical and Process Industries | <input type="checkbox"/> Measurement Quality |
| <input type="checkbox"/> Customer-Supplier | <input type="checkbox"/> Medical Device |
| <input type="checkbox"/> Design and Construction | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Education | <input type="checkbox"/> Reliability |
| <input type="checkbox"/> Electronics and Communications | <input type="checkbox"/> Service Quality |
| <input type="checkbox"/> Energy and Environmental | <input type="checkbox"/> Six Sigma |
| <input type="checkbox"/> Food, Drug, and Cosmetic | <input type="checkbox"/> Social Responsibility |
| <input type="checkbox"/> Government | <input type="checkbox"/> Software |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Human Development and Leadership | <input type="checkbox"/> Team & Workplace Excellence |

| | | |
|------------------------------------|-------------------------|--------------------------------|
| First Name _____ | Middle Initial _____ | Last Name/Family Name _____ |
| Company Name _____ | | Job Title _____ |
| Business Address _____ | | Ste. _____ |
| City, State/Province _____ | Zip+4/Postal Code _____ | Country _____ |
| Home Address _____ | | Apt./Ste. _____ |
| City, State/Province _____ | Zip+4/Postal Code _____ | Country _____ |
| Area Code/Business Telephone _____ | | Area Code/Home Telephone _____ |
| Preferred Email Address _____ | | Fax _____ |

CHOOSE ONE:

- I would like to receive the digital edition of *Quality Progress* Magazine (free)
- I would like to receive both the digital edition and the printed copy of *Quality Progress* Magazine*

*Please add an additional \$10 for delivery in the U.S. and Territories and \$40 for non-U.S. delivery to your Subtotal. Your decision will be in effect through your membership term.

SUBTOTAL \$ _____

TOTAL with Canadian goods and services tax* \$ _____

- *NB, NL, NS, and PE residents (15% of subtotal will be added to total)
- *ON residents (13% of subtotal will be added to total)
- *Other Canadian residents (5% of subtotal will be added to total)

Which one of the following best describes your title?

- | | | | | |
|--|--------------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Contractor | <input type="checkbox"/> Inspector | <input type="checkbox"/> Professor | <input type="checkbox"/> Student |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Controller/ | <input type="checkbox"/> Instructor | <input type="checkbox"/> Programmer | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Advisor | <input type="checkbox"/> Comptroller | <input type="checkbox"/> Machinist | <input type="checkbox"/> Retired | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Analyst | <input type="checkbox"/> Coordinator | <input type="checkbox"/> Manager | <input type="checkbox"/> Scientist | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Director | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Six Sigma | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Auditor | <input type="checkbox"/> Engineer | <input type="checkbox"/> Nurse | <input type="checkbox"/> Black Belt | <input type="checkbox"/> Other |
| <input type="checkbox"/> CEO | <input type="checkbox"/> Facilitator | <input type="checkbox"/> Owner | <input type="checkbox"/> Six Sigma | |
| <input type="checkbox"/> Chemist | <input type="checkbox"/> Foreman | <input type="checkbox"/> Physician | <input type="checkbox"/> Green Belt | |
| <input type="checkbox"/> Clinician | <input type="checkbox"/> General | <input type="checkbox"/> President | <input type="checkbox"/> Specialist | |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Manager | <input type="checkbox"/> Principal | <input type="checkbox"/> Statistician | |

ASQ does not sell email addresses to third parties.

Mailing Lists

Occasionally ASQ shares its mailing list with carefully selected quality-related organizations to provide you with information on products and services. Please check this box if you **do not** wish to receive these mailings.

Member Referred By:

Member Name _____ Member Number _____

WHY DID YOU JOIN?

To help us understand what's important to you, please tell us the top three reasons why you became an ASQ member.

- | | |
|---|--|
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Online Networking/ Communities |
| <input type="checkbox"/> Certification Pricing | <input type="checkbox"/> Product Discounts |
| <input type="checkbox"/> In-person Networking | <input type="checkbox"/> Training |
| <input type="checkbox"/> Knowledge/Information | |
| <input type="checkbox"/> Leadership Opportunities | |

Payment Information

Check or money order (U.S. dollars drawn on a U.S. bank) Make check payable to ASQ.

MasterCard Visa American Express (Check one)

Cardholder's Name (please print) _____

Card Number _____ Exp. Date _____

Cardholder's Signature _____

Cardholder's Address _____

Please submit your application with remittance to:

| | |
|--|--|
| ASQ P.O. Box 3066 Milwaukee, WI 53201-3066 USA or fax to 414-272-1734. | You may also join online at www.asq.org or by calling ASQ Customer Care at USA and Canada: 800-248-1946 Mexico: 001-877-442-8726 All other locations: +1-414-272-8575 |
|--|--|

New memberships are effective upon receipt of payment. New members receive one year of membership from the date they join. Members are billed prior to the anniversary date of their membership for next year's dues. Memberships, even those paid by employers, are nontransferable. All prices are subject to change.

In becoming an ASQ member, you have the duty to follow the ASQ Code of Ethics and Society governing documents.

Realize the benefits of ASQ membership

As your career partner, ASQ membership benefits are designed to meet your growing needs as a quality professional. ASQ membership gives you exclusive access to quality knowledge, solutions, and resources to solve challenges and skill development to advance your career.

[Become an ASQ member today!](#)

ASQ Membership Levels and Benefits Summary

| | Student | Professional | Senior, Fellow* |
|--|---------|--------------|-----------------|
| DEVELOP YOUR KNOWLEDGE AND SKILLS | | | |
| Quality Progress—digital edition | • | • | • |
| Digital Quality Management Journal | | • | • |
| Digital Journal of Quality Technology | | • | • |
| Topical e-newsletters | • | • | • |
| Additional journals (optional) | | | • |
| Exclusive access to ASQTV episodes | • | • | • |
| ADVANCE YOUR CAREER | | | |
| Benchmarking reports | • | • | • |
| Case studies and articles | • | • | • |
| Industry research | • | • | • |
| Career Center—online job board and resources | • | • | • |
| EXPAND YOUR NETWORK | | | |
| myASQ online community | • | • | • |
| Technical Communities | • | • | • |
| Geographic Community (local section) | • | • | • |
| SAVE MONEY WITH PROFESSIONAL DEVELOPMENT | | | |
| Certification discounts—save on exams and recertification! | • | • | • |
| Training—in-person or online | • | • | • |
| Conferences—up to \$200 | • | • | • |
| Books and certification preparation materials | • | • | • |
| LEADERSHIP OPPORTUNITIES | | | |
| Nationally elected leadership positions | | • | • |
| Society-wide voting rights | | • | • |

*ASQ Senior and Fellow memberships are available to current members who meet the criteria, and requires separate application processes. Visit asq.org/membership/individuals/senior for details.