



# Enrolled Student Membership Application

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 and nonrefundable.

<b>OFFICE USE ONLY</b>	
Order Number	_____
Member Number	_____

## INFORMATION

Preferred Mailing Address:  Present  Permanent

Mr.  Ms.  Mrs.  Male  Female Birth Date 

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Month Date Year

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First Name	Middle Initial	Last Name
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Present Address	Ste.
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City, State/Province	Zip+4/Postal Code	Country
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Permanent Address	Apt./Ste.
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City, State/Province	Zip+4/Postal Code	Country
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Area Code/Present Telephone	Area Code/Permanent Telephone
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Preferred email address	Fax
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College or University You Attend
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Field of Study	Degree Sought (e.g., Bachelor's)
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Estimated Graduation Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		
	MM	YY			

I certify that I am currently enrolled as a full-time student.

Enrolled Student Signature
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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.

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

## CUSTOMIZE YOUR MEMBERSHIP

- 1** Member Type:
  - Student \$31
- 2** The one geographic section included with Student membership will be determined by your primary address.
- 3** Technical Communities
 

As part of your Student membership, you are granted access to all 27 topic- and 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"/> Financial Services	<input type="checkbox"/> Social Responsibility
<input type="checkbox"/> Food, Drug, and Cosmetic	<input type="checkbox"/> Software
<input type="checkbox"/> Government	<input type="checkbox"/> Statistics
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Team & Workplace Excellence
<input type="checkbox"/> Human Development and Leadership	

**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)

## 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)
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Card Number	Exp. Date	CVV
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Cardholder's Signature
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Cardholder's Address
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Please submit your application with remittance to:

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