

## **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.

OFFICE USE ONLY	
Order Number	
Member Number	

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INFORMATION		CUSTOMIZE YOUR MEMBERSHIP			
Preferred Mailing Address:   Present		Member Type: ☐ Student \$31			
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Male ☐	J Female Birth Date	The one geographic section included with Student membership will be determined by your primary address.			
First Name	Middle Initial Last Name	3 Technical Communities			
Present Address	Ste.	As part of your Student membership, you are granted access to all 26 topic- and industry-specific technical communities.  Use the list below to select which technical communities you			
City, State/Province Zip+4	/Postal Code Country	would like to belong to. ☐ Audit	☐ Innovation		
Permanent Address	Apt./Ste.	<ul><li>Audin</li><li>Automotive</li><li>Aviation, Space and Defense</li></ul>	☐ Inspection ☐ Lean Enterprise		
City, State/Province Zip+4	Postal Code Country	☐ Chemical and Process Industries	☐ Measurement Quality		
Area Code/Present Telephone	Area Code/Permanent Telephone	<ul><li>□ Customer-Supplier</li><li>□ Design and Construction</li><li>□ Education</li></ul>	<ul><li>□ Medical Device</li><li>□ Quality Management</li><li>□ Reliability</li></ul>		
Preferred email address	Fax	☐ Electronics and Communications	☐ Service Quality		
College or University You Attend		☐ Energy and Environmental	☐ Six Sigma		
		□ Food, Drug, and Cosmetic □ Government	<ul><li>☐ Social Responsibility</li><li>☐ Software</li></ul>		
Field of Study	Degree Sought (e.g., Bachelor's)	☐ Healthcare	☐ Statistics		
Estimated Graduation Date	YY	<ul><li>Human Development and Leadership</li></ul>			
MM I certify that I am a full-time enrolled stude	ent and will provide a document to show this.	20000101111			
		SUBOTAL	<sub>\$_</sub> \$31.00		
Enrolled Student Signature		TOTAL with Canadian goods and services tax* \$_\$31.00			
If you were referred to ASQ by anothe	r member, please tell us who.	<ul> <li>*NB, NL, NS, and PE residents (13</li> <li>*ON residents (13% of subtotal wince)</li> <li>*Other Canadian residents (5% of</li> </ul>	ll be added to total)		
Member Name	ASQ Member Number				
ASQ does not sell email addresses t	o third parties.	PAYMENT INFORMATION			
Mailing Lists		☐ Check or money order (U.S. dol	lars drawn on a U.S. bank)		
Occasionally ASQ shares its m	ailing list with carefully selected quality-related rith information on products and services. Please	Make check payable to ASQ.  ☐ MasterCard ☐ Visa ☐ American Express (Check one)			
check this box if you <b>do not</b> wis					
		Cardholder's Name (please print)			
WHY	ODD YOU JOIN?	Card Number	Exp. Date CVV		
To help us understand what's impo why you became an ASQ member	rtant to you, please tell us the top three reasons	Cardholder's Signature			
☐ Career Development	☐ Leadership Opportunities	Cardholder's Address			
☐ Certification Pricing	☐ Online Networking/Communities	Please submit your application with	remittance to:		
☐ In-person Networking	☐ Product Discounts	ASQ You may also join online at www.asq P.O. Box 3066 or by calling ASQ Customer Care			
☐ Knowledge/Information ☐ Training		Milwaukee, WI 53201-3066 USA	USA and Canada: <b>800-248-1946</b> Mexico: <b>001-877-442-8726</b>		

Mexico: 001-877-442-8726

All other locations: +1-414-272-8575

or fax to 414-272-1734.