



Excellence Through Quality™

# Application for Advancement to Senior Member

## To advance to Senior member status you must:

- Be an ASQ Professional member in good standing for at least one calendar year prior to the date of application for advancement.  
**Note:** Your Professional membership must be paid for the current membership year before ASQ is able to process your advancement.
- Have 10 years of active professional experience. Up to four years of this vocational requirement may be satisfied by graduation from an accredited college, university, or similar institution.
- Meet one of the following qualifications:
  - a. Have conducted quality-related engineering, inspection, audit, or statistical work, or applied the methods and principles of quality on the job for at least two years.
  - b. Have taught quality or related arts or sciences at an accredited institution for at least two years.
  - c. Have been a Senior member or comparable type in a recognized professional organization.
  - d. Currently hold an ASQ certification that requires recertification.

## CHOOSE ONE OPTION:

Please select **ONE** of three benefit options. (Note: You receive only one of the following options. If you choose more than one, you will be defaulted to option #2.)

|                                                                                                            |
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| <b>Option 1:<br/>Choose ONE additional journal below</b>                                                   |
| <input type="checkbox"/> <i>Technometrics</i><br><input type="checkbox"/> <i>Lean and Six Sigma Review</i> |

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|----------------------------------------------------------------------------------------------------------------------------|
| <b>Option 2:<br/>Choose ONE additional section (for a list see <a href="http://asq.org/sections">asq.org/sections</a>)</b> |
| Section Name: _____                                                                                                        |

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|----------------------------------------------------------------|
| <b>Option 3:<br/>Waive your ONE additional benefit</b>         |
| Waive additional benefits: <input type="checkbox"/> Check here |

I verify that I meet all the requirements.

Date: \_\_\_\_\_

ASQ Member Number: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax completed form to 414-272-1734 or mail completed form to P.O. Box 3066, Milwaukee, WI 53201-3066.