



Application for Advancement to Senior Member

To advance to Senior member status you must:

- Be an ASQ Full member in good standing for at least one calendar year prior to the date of application for advancement.
Note: Your Full 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 or 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 four benefit options. (Note: You receive only one of the following options. If you choose more than one, you will be defaulted to option #2.)

Option 1:
Choose ONE additional journal below

- The Journal for Quality and Participation*
- Quality Engineering*
- Six Sigma Forum Magazine*
- Software Quality Professional*
- Technometrics*

Option 2:
Choose TWO forums or divisions below

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

Option 3:
Choose ONE additional section (for a list see asq.org/sections)

Section Name: _____

Option 4:
Waive your ONE additional benefit

Waive additional benefits: 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.