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

☐ Journal of Quality Technology  ☐ Quality Engineering  ☐ Technometrics
☐ Software Quality Professional  ☐ Quality Management Journal
☐ The Journal for Quality and Participation  ☐ Six Sigma Forum Magazine

Option 2:
Choose TWO forums or divisions below

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

Option 3:
Choose ONE additional section (for a list see www.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.