

Application for Advancement to Senior Member

To advance to Senior member stat	us 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 profess graduation from an accredited			nent may be satisfied by
☐ Meet one of the following qual	ifications:		
	related engineering, inspecti the job for at least two years	ion or audit, or statistical work,	or applied the methods and
b. Have taught quality or	related arts or sciences at an	accredited institution for at lea	st two years.
c. Have been a Senior me	mber or comparable type in	a recognized professional orga	anization.
d. Currently hold an ASQ	certification that requires rec	ertification.	
CHOOSE ONE OPTION:			
CHOOSE ONE OF HOM.			
Please select ONE of four benefit one you will be defaulted to option		only one of the following optio	ns. If you choose more than
Option 1: Choose ONE additional	Option 2: Choose TWO forums or divisions below		
journal below	☐ Audit	☐ Electronics and	☐ Measurement Quality
☐ Journal of Quality Technology	☐ Automotive	Communications	Quality Management
Quality Engineering	Aviation, Space, and	Energy and Environmental	Reliability
☐ Technometrics	Defense	Food, Drug, and Cosmetic	Service Quality
Software Quality Professional	Biomedical	Government	Six Sigma
Quality Management Journal	☐ Chemical and Process	Healthcare	☐ Software
☐ The Journal for Quality and	Industries	☐ Human Development	☐ Statistics
Participation	Customer-Supplier	and Leadership	Team and Workplace
☐ Six Sigma Forum Magazine	Design and Construction	☐ Inspection	Excellence
	☐ Education	Lean Enterprise	
Option 3:		Option 4:	
Option 3: Choose ONE additional section (for a	list see www.asq.org/sections)	Option 4: Waive your ONE additiona	l benefit
			l benefit ☐ Check here
Choose ONE additional section (for a		Waive your ONE additiona	
Choose ONE additional section (for a		Waive your ONE additiona	
Choose ONE additional section (for a Section Name:	ents.	Waive your ONE additiona	Check here

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

v1112 Item B1421