

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 and nonrefundable.

OFFICE USE ONLY				
Order Number				
Member Number				

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Preferred Mailing Address:	Present 🖵 Permanen				
☐ Mr. ☐ Ms. ☐ Mrs. ☐	Male 🖵 Female	Birth Date Month Date Year			
First Name	Middle Initial	Last Name			
rirst Name	Middle Initial	Last IName			
Present Address		Ste.			
City, State/Province	Zip+4/Postal Code	Country			
Permanent Address		Apt./Ste.			
City, State/Province	Zip+4/Postal Code	Country			
Area Code/Present Telephone		Area Code/Permanent Telephone			
Preferred email address		Fax			
College or University You Atter	ıd				
Field of Study		Degree Sought (e.g., Bachelor's)			
Estimated Graduation Date MM YY					
I certify that I am currently e	nrolled as a full-time	student.			
Enrolled Student Signature					

CUSTOMIZE YOUR MEMBERSHIP

1	Member Type:
•	□ Student \$31

- The one geographic section included with Student membership will be determined by your primary address.
- Technical Communities
 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

⊒ Audit
☐ Automotive
☐ Aviation, Space and Defense
☐ Chemical and Process Industries
☐ Customer-Supplier
■ Design and Construction
□ Education

would like to belong to.

□ Medical Device
 □ Quality Management
 □ Reliability
 □ Service Quality
 □ Six Sigma
 □ Social Responsibility

■ Software

□ Innovation□ Inspection□ Lean Enterprise□ Measurement Quality

☐ Financial Services☐ Food, Drug, and Cosmetic☐ Government

□ Electronics and Communications□ Energy and Environmental

- ☐ Healthcare☐ Human Development and Leadership
- □ Statistics

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- NB, NL, NS, and PE residents (15% of subtotal will be added to total)
- O *ON residents (13% of subtotal will be added to total)
- O *Other Canadian residents (5% of subtotal will be added to total)

ASQ does not sell email addresses to third parties.

Mailing Lists

Occasionally ASQ shares its mailing list with carefully selected quality-related organizations to provide you with information on products and services. Please check this box if you do not wish to receive these mailings.

WHY DID YOU JOIN?				
To help us understand what's important to you, please tell us the top three reasons why you became an ASQ member.				
☐ Career Development	☐ Leadership Opportunities			
☐ Certification Pricing	☐ Online Networking/Communities			
☐ In-person Networking	☐ Product Discounts			
☐ Knowledge/Information	☐ Training			

PAYMENT INFORMATION

 $\hfill \Box$ Check or money order (U.S. dollars drawn on a U.S. bank) Make check payable to ASQ.

Cardholder's Name (please print)

Card Number Exp. Date CVV

Cardholder's Signature

Cardholder's Address

Please submit your application with remittance to:

ASQ P.O. Box 3066 Milwaukee, WI 53201-3066 You may also join online at www.asq.org or by calling ASQ Customer Care at USA and Canada: 800-248-1946 All other locations: +1-414-272-8575

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