On-line registration for ASQ NY/NJ Metro Section Student Branch Membership

Go to <u>http://www.asq.org/</u> (this is the main ASQ page). Be sure to save it to your favorites.

On the left you'll see a heading *<You Need...>* Click on *<<u>Membership</u>>* There are plenty of other pages to visit from this one, i.e. *testimonials*, *benefits*, *FAQ*, etc, etc. Come back later and check them all out; lots of great information to be had.

For now, just click on *<Join ASQ*> and go to <u>Online Application for Individual Members</u>.

This is the screen #1 that comes up: Select *<Student Member>* then click on *<Continue>*. You have 30 minutes to complete the process or you'll have to re-start from scratch.

\mathbf{c}	Membership Application	Verifian Verifi
	Select Your Membership Type	
	O Full Member Annual Membership Dues: \$129.00	More Information
	O Associate Member Annual Membership Dues: \$74.00	More Information
	Forum/Division Member Annual Membership Dues: \$31.00	More Information
<	• Student Member Annual Membership Dues: \$25.00	More Information
	Important Note! Are you a past Member or Re so, please provide us with the following inform information.	gistered Visitor of ASQ? If mation to prevent duplicate
	Log-In ID/E-mail Address:]
	Log-In Help	

Screen #2 will come up requesting your personal and professional information. Student should use their student email accounts to ensure the desired results (i.e. membership within the ASQ Student Branch). If you are currently employed, you're welcome to enter the requisite business information instead. There is another section at the bottom for supplemental student info as well.

Unemployed students, you can simply repeat your home address data here but you must input something or the form will not populate.

	VER
Membership Applicatio	n 0 2 8 0 6 0 0
New Member Information	
* denotes required fields	
* Salutation: Prefix Vame	
Middle Initial:	
* Last Name:	
C-man Auuress	
ASQ does not sell your e-mail	address.
	your ICD@pit edu
" LODTIPM E-MAIL ADDRESS	your ocidiation and
Business Address	
Business Address Please share both your busines the case of a change in address will be used otherwise. * Country:	s and home addresses so mail can be forwarded in s or employment. Only your preferred mailing addre Required Data. You ca Select Country Select Country if desired
Business Address Please share both your busines the case of a change in address will be used otherwise. * Country: * Company Name:	s and home addresses so mail can be forwarded in s or employment. Only your preferred mailing addre Required Data. You ca Select Country Select Country if desired
Business Address Please share both your busines the case of a change in address will be used otherwise. * Country: * Company Name: * Mailstop:	is and home addresses so mail can be forwarded in s or employment. Only your preferred mailing addre Required Data. You ca repeat your home add if desired
Business Address Please share both your busines the case of a change in address will be used otherwise. * Country: * Company Name: * Mailstop: * Street:	ss and home addresses so mail can be forwarded in s or employment. Only your preferred mailing addres Required Data. You ca repeat your home add if desired
Business Address Please share both your busines the case of a change in address will be used otherwise. * Country: * Company Name: * Mailstop: * Street:	ss and home addresses so mail can be forwarded in s or employment. Only your preferred mailing addres Required Data. You ca repeat your home add if desired
Business Address Please share both your busines the case of a change in address will be used otherwise. * Country: * Company Name: * Mailstop: * Street:	s and home addresses so mail can be forwarded in s or employment. Only your preferred mailing addres Required Data. You ca repeat your home add if desired
Business Address Please share both your busines the case of a change in address will be used otherwise. * Country: * Company Name: * Mailstop: * Street: * City:	ss and home addresses so mail can be forwarded in s or employment. Only your preferred mailing addres Required Data. You ca repeat your home add if desired
Business Address Please share both your busines the case of a change in addres: will be used otherwise. * Country: * Company Name: * Mailstop: * Street: * City: * State:	s and home addresses so mail can be forwarded in s or employment. Only your preferred mailing addresses Required Data. You can repeat your home add if desired

Still on screen #2: Scroll down and make certain that all items marked with an asterisk "*" are filled in; then provide your home address as shown. <u>NOTE</u>: NJIT-employed students... select your home address as the preferred mailing address. Do <u>NOT</u> use NJIT as your preferred mailing address.

lome Address		
Country:	Select Country	
Street:		
		IMPORTANT! You'll need this
City:		informaton to be
State:	Select State	can select it for
Province:	\	your preterred mailing address
Postal Code:		
Phone:		
Preferred Address Se	lection	
Preferred Mailing Ad	dress: OF	Ausiness

Still on screen #2 – scroll down further to see the next section. Unemployed students may wish to follow my example; professionals are welcome to enter their own info. Please be sure to include those items that I've identified as "Required info". These are specific to our student branch.

Preferred Address Selection	
Preferred Mailing Address:	OBusiness 💿 Home
Additional Information	
Enter PRIORITY CODE (if available): What's this?	Required info.
How did you hear about us? 🛛 <	ASQ Section, Forum or Division
* Job Title: Professionals may input	Student
Job Title (if not listed above):	
* Industry/Market:	Higher Education
Date of Birth: (NOT Required)	Day 🔽 Month 🔽 Year 💽
the before t	
Referring member number: Student Information	03450004
* Institution:	New Jersey Institute of T
* Degree Program:	Master
* Field of Study: (Input your own data.)-	Engineering Managemen
* Start Date:	September V / 2005
* Anticipated Graduation Date:	December V / 2009
Membership Privacy	
Occasionally ASQ shares its mailing lis organizations to provide you with info check this box if you do not wish to re service that you may cancel at any tin the MY ASQ area of www.asq.org. * denotes required fields	st with carefully selected quality-related rmation on products and services. Please sceive these mailings. This is a free ne by visiting the Change Address link in

After you've filled in all the required fields above click on <Continue> to reach screen #3. Please select "0300 – NY/NJ Metropolitan" as your primary benefit section. It is your option to select additional sections but be aware that you'll be charged \$20 for each one you choose.

	ction
Your student me connect with qua	mbership includes membership in one Section, which will help you ality professionals in your community.
Please select yo	ur benefit Section from the list or waive your Section benefit.
You may add ad	ditional Sections for \$20.00 each.
on the Section y	Octorice. To deselect a Section, hold down the control key and clic ou wish to deselect. 0207 - Central Mohawk Valley 0208 - Jamestown 0209 - Northeastern Pennsylvania
and the second se	0210 Contract the
Required Info	0300 - NY/NJ Metropolitan
Required Info	0300 - NY/NJ Metropolitan 0300 - NY/NJ Metropolitan 0302 - Mid-Hudson 0303 - Long Island 0304 - North Jersey 0305 - New Haven 0306 - Greater Danbury
Required Info	0300 - NY/NJ Metropolitan 0302 - Mid-Hudson 0303 - Long Island 0304 - North Jersey 0305 - New Haven 0306 - Greater Danbury 0307 - Princeton
Required Info	0300 - NY/NJ Metropolitan 0302 - Nouthern Connecticat 0302 - Mid-Hudson 0303 - Long Island 0304 - North Jersey 0305 - New Haven 0306 - Greater Danbury 0307 - Princeton

Continue

Once you've made your selection(s) for ASQ membership sections, click on *<Continue>* to bring up screens #4 and #5 (not shown). These are options that you might want to choose for additional fees. For students, each additional forum or division is \$10; the costs for publication subscriptions vary. NOTE: These additional options are NOT required for membership. Once you're registered as a student member you will receive regular digital mailings of the Quality Progress magazine for free.

Click on *<Continue>* to see screen #6: This is a review of all the information that you've provided in the earlier screens. Any additional options that were chosen will be tallied here. Make sure you first confirm all the data before clicking on "continue". If anything is amiss, you can go back to the previous screen to correct it.

0 2 3 4 3 6 2 3 Membership Application **Review Membership Benefits** Please review your membership information. Changing your member type will take you back to the beginning of the application. This will change the benefits available to you and their respective cost, so you will need to enter some information again. Click "Modify Membership Benefits" to make any changes. This will take you back to the Section information screen. Click "Continue" to advance to the information you wish to change. If you have no changes, click "Proceed To Payment Screen" to complete your application. Joe Student Student Member \$25.00 Change Member Type SECTIONS NY/NJ Metropolitan Benefit Modify Member Benefits MEMBERSHIP TOTAL \$25.00 **Review Contact Information** Please review your membership information. Click "Update Contact Information" to make any changes. This will take you back to the Address Information screen. Click "Continue" to return to this screen.

If you have no changes, click "Proceed To Payment Screen" to complete your application.

Almost done... after clicking on *Proceed to Payment Screen>*, you will see screen #7. Most of the data fields will be automatically populated from previous screen inputs. You <u>must</u> be certain that the requested information is <u>accurate</u> (i.e. Current Charges, Cardholder Name and preferred address). DO <u>NOT</u> USE NJIT for your billing address.

Before proceeding to *<Submit Payment>*, please click on *<<u>ASQ Code of Ethics</u>>* for a pop-up screen. You won't loose your place unless you've exceeded the 30 minute application time limit.

Payment Informat	ción	
Current Charges:	\$25.00	1
Credit Card:	Mastercard	Your credit card info.
* Card Number:		M/C and AmEx.
* Eupiration Date		Be sure the cardholder nar is correct before clicking of
Expiration Date	e: January M / 2009 M	"Submit Payment"
* Cardholder Nai	me: Joe Student	
Address: City:	n below is the preferred addre ress of the credit card supplie	d, please change the
Address: City: State: Postal Code: Country:	n below is the preferred addre ress of the credit card supplie	This gets auto filled from the previous screens. Be sure to edit it to match your charge card info. DO NOT USE NJIT.
Address: Address: City: State: Postal Code: Country: * denotes required f	n below is the preferred addre ress of the credit card supplie	This gets auto filled from the previous screens. Be sure to edit it to match your charge card info. DO NOT USE NJIT.
Address: Address: City: State: Postal Code: Country: * denotes required f	n below is the preferred addre ress of the credit card supplie	This gets auto filled from the previous screens. Be sure to edit it to match your charge card info. DO NOT USE NJIT.

The next screen, #8, is for *<Submit Payment>* and you will only see it if your charge card is approved. There may be a request for the 3 or 4 digit security code on the back of your card so be sure to have this handy. Hopefully, everything goes through without a hitch and you'll receive a new Member Number along with a log-in name (your email address). A member card will be sent via snail mail. **Congratulations**, and welcome to the ASQ NY/NJ Metro Section Student Branch!