Alpha Epsilon Delta

The Health Pre-professional Honor Society

MEMBERSHIP RECORD FORM** (MRF)

To insure prompt processing, please make sure form is complete and correct; incomplete or incorrect forms will not be processed for membership. Reproduce form as necessary. **PLEASE TYPE OR PRINT CLEARLY.**

☐ Mr.
☐ Ms.
☐ Mrs.
☐ Dr.
☐ Prof.
☐ Other

FULL NAME (for certificate printing)

_____   _____   _____
First   Middle   Last ,   Suffix & Degree (if applicable)

GENDER   **BIRTH DATE**
☐ Male ☐ Female   _____/_____/_____
                     Month   Day   Year

AED Chapter (State & Greek Letter – not symbol)

_____
College/University or Other Affiliation

Type of Membership
(Choose one)

☐ **StudeStudent ($75)** – A student who is currently enrolled in a health preprofessional curriculum and has fulfilled requirements (including Chapter's) for AED membership Article II, Section 2. A Student Member becomes an AED alumnus upon graduation

☐ **HonoHonorary ($25)** – An individual whom your chapter has chosen to honor for their services & contributions to AED and health preprofessional education — advisor/s, educational and/or professional practitioners

PRESENT (SCHOOL) ADDRESS:

_____   _____   _____ _____
Street/P.O. Box   City   State   Zip

Phone (_____)_____   E-mail _____

PARENT's PERMANENT ADDRESS: _____
                                               Parent (s) Name

_____   _____   _____ _____
Street/P.O. Box   City   State   Zip

Phone (_____)_____   E-mail _____

CLASS *(Circle one)* *Required *

2   3   4   4+
Soph.   Jr.   Senior   Senior +

ANTICIPATED DATE OF GRADUATION
_____/_____/_____
Month   Day   Year

DATE OF INITIATION *Required *
_____/_____/_____
Month   Day   Year

CANDIDATE STATEMENT: I hereby acknowledge an invitation to become a National Member of Alpha Epsilon Delta. I have fulfilled all membership requirements. It is my intent to improve the Society by investing my energy, enthusiasm, and commitment. By signing this form I am authorizing the release of my GPA information to the AED National Office and my Chapter Advisor.

* both GPAs are Required *

CHAPTER VERIFICATION:

_____   _____
Candidate's (Signature)   Date

The above named candidate has been enrolled in an institution of higher education for a minimum of three semesters or five quarters and has attained a _____ science (BCPM) GPA **AND** a _____ overall GPA (based on a **4.00** scale).

_____   _____
Chapter Advisor (Signature)   Chapter Secretary (Signature)

** Chapter – send all original MRFs for each Initiation Date & one check covering fees to the AED National Office and retain a copy for your records. No refunds – credit only policy.