



Alpha Epsilon Delta

The Health Preprofessional Honor Society

MEMBERSHIP RECORD FORM* (MRF)

* Available on our website in "Publications"

For National Office Use Only
MEMBERSHIP NUMBERS

National _____

Chapter _____

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.**

(Please circle one) **FULL NAME** (for certificate)

Mr. Dr.

Ms. Mrs.

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

□□□□-□□-□□□□

Social Security No.

BIRTH DATE

____/____/____
Month Day Year

GENDER

- Male
 Female

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Chapter # _____

College/University or Other Affiliation

AED Chapter (State/Greek Letter)

Type of Membership
(Choose one)

- Student (\$50)** – A student who is preparing for a health profession career and has fulfilled requirements for AED membership. A Student Member becomes an AED alumnus upon graduation.
 Honorary (\$25) – An individual who AED has chosen to honor—advisor, educator, science/medical professional, others.

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.

Candidate (Signature)

Date

CHAPTER VERIFICATION:

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.**

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Website: www.jmu.edu/orgs/nationalaed