



Alpha Epsilon Delta

The Health Preprofessional Honor Society

Membership Record Form** (MRF)

For National Office Use Only

MEMBERSHIP NUMBERS

National _____

Chapter _____

Available on our website in "Member Resources"/"Forms & Documents"

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. **ONLY TYPED FORMS WILL BE ACCEPTED.** FULL NAME (for certificate printing)

First

Middle

Last, Suffix & Degree (if applicable)

BIRTH DATE: ____/____/____
Month Day Year

GENDER: Male Female

AED Chapter (State & Greek Letter – not symbol)

College/University or Other Affiliation

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Chapter # _____

Type of Membership
(Choose one)

Student (\$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.

Honorary (\$50) – 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

Please do not release my information for promotional items directly related to AED. (AED does not release information to anyone except those promotionals directly related to AED.)

Present (School) Address:

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

Phone (____) _____ E-mail _____

Parent's Permanent Address:

Parent(s) Name _____

Street _____ City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

CLASS (Choose one) * Required *

ANTICIPATED DATE OF GRADUATION

DATE OF INITIATION * Required *

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

____/____/____
Month Day Year

____/____/____
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 for Student Membership*

Candidate's (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, a typed list of each student(s) first, middle and last name(s) & ONE check covering fees to the AED National Office. Please retain a copy for your records. No refunds – credit only policy.

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