



**ALPHA EPSILON DELTA**  
National Premedical Honor Society  
Founded 1926



Local Membership Record Form

Name: \_\_\_\_\_ CWID: \_\_\_\_\_  
Last First Middle

Classification: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Sr., Jr., So., Fr.

Cumulative Grade Point Average: Total: \_\_\_\_\_ Minor: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

College Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Professional School Area of Interest: \_\_\_\_\_  
Medical, Dental, Physical Therapy, Physician's Asst., Pharmacy, etc.

Anticipated Year of Entry: \_\_\_\_\_

**CANDIDATE STATEMENT:**

I hereby acknowledge the invitation to membership in the Zeta Chapter of Alpha Epsilon Delta and indicate my acceptance by my signature below. I agree to assume full responsibilities of membership, including regular attendance at meetings, working on committees and projects as requested by the officers, taking part in programs, all the best of my ability. Realizing that membership in such an organization is an honor only so long as the members make it so, I pledge my efforts to maintain and increase the value and prestige of Alpha Epsilon Delta.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_