



# 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.**

Mr. **FULL NAME** (for certificate printing)  
 Ms.  
 Mrs. \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Prof. \_\_\_\_\_  
 Other \_\_\_\_\_

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

**GENDER**  Male  Female **BIRTH DATE** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month Day Year AED Chapter (State & Greek Letter – not symbol)

For National Office Use Only  
Chapter # \_\_\_\_\_

College/University or Other Affiliation \_\_\_\_\_

**Type of Membership**  **Student (\$50)** – 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.  
 (Choose one) A Student Member becomes an AED alumnus upon graduation  
 **Honorary (\$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 \* **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 \*

**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.**

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