



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.
A Student Member becomes an AED alumnus upon graduation

(Choose one) **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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