



Alpha Epsilon Delta

The Health Preprofessional Honor Society

CHAPTER INFORMATION FORM

To help us better serve you, please type or print. This may be E-mailed to the National Office.

College/University _____ AED Chapter (State/Greek Letter) _____ To _____ School Year _____

Office Title	Name	Mailing Address	E-mail	Phone
President				()
Vice President				()
Secretary				()
Treasurer				()
Historian				()
Scalpel Reporter				()
Chapter Advisor				() & Fax:

Chapter Website:

Chapter Advisor's Shipping Address —for Membership Packets & Scalpels
UPS requires a street address. They will not deliver to PO boxes.

Initiates THIS () School Year: _____ (Affiliate), _____ (Student – National), _____ (Honorary) = _____ **(TOTAL)**

Initiates LAST () School Year: _____ (Affiliate), _____ (Student – National), _____ (Honorary) = _____ **(TOTAL)**

New chapter officers will be elected again _____ for school year: _____
Month Day Year

Submitted by: Name _____ Title _____ Date _____

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