

Annual Chapter Information Report

Alpha Epsilon Delta

The Health Preprofessional Honor Society



To help us better serve you, please provide as much information as possible.

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

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

Chapter Website:

<p>Scalpels — Mailing Address Address to which bulk mailing of Scalpels for chapter distribution will be sent.</p>	<p>Membership Certificates — Shipping Address Certificates will be delivered via UPS ground. UPS requires a street address. They will not deliver to PO boxes.</p>
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Total Number of Initiates **THIS** School Year _____ Total Number of Initiates **LAST** School Year _____

New chapter officers will be elected again _____ (Date)

Submitted by:

_____ to _____
 Name Title Date