



Alpha Epsilon Delta

The Health Preprofessional Honor Society

Membership Record Form** (MRF)

For National Office Use Only

MEMBERSHIP NUMBERS

National _____

Chapter _____

Available on our website in "Resources/Membership Record Form(MRF)"

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. **ONLY TYPED FORMS WILL BE ACCEPTED.** FULL NAME (for certificate printing)

First Middle Last, Suffix & Degree (if applicable)

BIRTH DATE: ____/____/____ GENDER: Male Female
Month Day Year

AED Chapter (State & Greek Letter – not symbol)

College/University or Other Affiliation

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Chapter # _____

Type of Membership
(Choose one)

Student (\$75) – 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.

Honorary (\$50) – An individual whom your chapter has chosen to honor for their services & contributions to AED and health preprofessional education — educational and/or professional practitioners

Chapter Advisor (no fee)- Must register with the National Office

Present (School) Address:

Street/P.O. Box City State Zip

Phone (____) _____ E-mail _____

Parent's Permanent Address:

Parent(s) Name

Street City State Zip

Phone (____) _____ E-mail _____

CLASS (Choose 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 for Student Membership*

Candidate's (Signature)

Date

Chapter Verification: 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, a typed list of each student(s) first, middle and last name(s) & ONE check or money order covering fees to the AED National Office. DO NOT SEND CASH. Please retain a copy for your records. No refunds – credit only policy.

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