

Alpha Epsilon Delta (AED)

Oklahoma Gamma Chapter



Associate Membership Application

Associate Membership Fee: \$15.00

Name of Applicant:

Current Address or CPO:

Email:

Date: (mm/dd/yyyy) Current Phone:

Major/Minor: GPA:

Please answer the following questions:

1. Why do you want to join AED?
2. How would you contribute to the Oklahoma Gamma Chapter of AED?
3. What are your expectations of AED membership?
4. Are you seriously considering a pre-health concentration? (Yes/No)