



**Alpha Epsilon Delta: Oklahoma Gamma Chapter**  
**Associate Member Application- Fall 2007**

Name of Applicant: \_\_\_\_\_

Current Address (or CPO): \_\_\_\_\_

Current Phone: \_\_\_\_\_

Date today: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Major/Minor: \_\_\_\_\_

E-mail: \_\_\_\_\_

GPA: \_\_\_\_\_

Please answer the following questions:

1. Why do you want to join AED?

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2. How would you contribute to the Oklahoma Gamma chapter of AED?

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3. What are your expectations of AED membership?

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4. Are you seriously considering a pre-health concentration? ( Yes / No )