



# Alpha Epsilon Delta

*The Health Preprofessional Honor Society*

## MEMBERSHIP RECORD FORM\*\* (MRF)

Available on our website in "Publications"

*For National Office Use Only*

**MEMBERSHIP NUMBERS**

National \_\_\_\_\_

Chapter \_\_\_\_\_

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. **PLEASE TYPE OR PRINT CLEARLY.**

☐ Mr. **FULL NAME** (for certificate printing)  
☐ Ms.  
☐ Mrs. \_\_\_\_\_  
☐ Dr. \_\_\_\_\_  
☐ Prof. \_\_\_\_\_  
☐ Other \_\_\_\_\_

**GENDER** ☐ Male ☐ Female

**BIRTH DATE** \_\_\_\_\_  
Month / Day / Year

**AED Chapter** (State & Greek Letter – not symbol) \_\_\_\_\_

*For National Office Use Only*

Chapter # \_\_\_\_\_

College/University or Other Affiliation \_\_\_\_\_

**Type of Membership** (Choose one)  
☐ **Student (\$50)** – 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.  
A Student Member becomes an AED alumnus upon graduation  
☐ **Honorary (\$25)** – An individual whom your chapter has chosen to honor for their services & contributions to AED and health preprofessional education — advisor/s, educational and/or professional practitioners

### PRESENT (SCHOOL) ADDRESS:

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### PARENT's PERMANENT ADDRESS:

Parent (s) Name \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**CLASS** (Circle 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 \*

### CHAPTER VERIFICATION:

\_\_\_\_\_  
Candidate's (Signature)

\_\_\_\_\_  
Date

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 & one check covering fees to the AED National Office and retain a copy for your records. No refunds – credit only policy.**

AED National Office • James Madison University • MSC 9015 • Harrisonburg, VA 22807

Telephone: 540/568-2594 • Fax: 540/568-2595 • E-mail: [aed@jmu.edu](mailto:aed@jmu.edu)

Website: [www.jmu.edu/orgs/nationalaed](http://www.jmu.edu/orgs/nationalaed)