



# 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 "Member Resources"/"Forms & Documents"

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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