National Membership Application

Requirements:

1. Student applying must have at least 45 credits completed.
2. At least 3.2 cumulative grade point average and a 3.2 science grade point average.
3. Unofficial Transcript attached to application.
4. One letter of recommendation from faculty professor.
5. $85 National Membership/Shirt Fees due with application.
6. A completed copy of the “GPA Calculator” found on the website.

Submit the application during general meetings. Visit our website for up-to-date information at http://www.fiu.edu/~aed/ or send an e-mail to aed@fiu.edu.
MEMBERSHIP RECORD FORM*** (MRF)

Available on our website: “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. PLEASE TYPE on line and print.

- [ ] Mr.  - [ ] Ms.  - [ ] Mrs.
- [ ] Dr.  - [ ] Prof.  - [ ] Other

FULL NAME (for certificate printing)

First                      Middle                      Last,  Suffix & Degree (if applicable)

- [ ] Male  - [ ] Female

GENDER

BIRTH DATE

Month  Day  Year

Florida Epsilon

AED Chapter (State & Greek Letter – not symbol)

College/University or Other Affiliation for Honorary memberships

Type of Membership

- [ ] Student  - [ ] Honorary

(Choose one)

- A student who is currently enrolled in a health professions curriculum and has fulfilled requirements (including Chapter's) for AED membership Article II, Section 2.

- An individual whom your chapter has chosen to honor for their services & contributions to AED and health professions education — advisor's, educational and/or professional practitioners

please do not release my information for promotional items directly related to AED

PRESENT (SCHOOL) ADDRESS:

Street/P.O. Box

Phone (____)

E-mail

City

State  Zip

PARENT’s PERMANENT ADDRESS:

Parent (s) Name

Street/P.O. Box

Phone (____)

E-mail

City

State  Zip

CLASS * Required for Student Membership*

- [ ] 2  - [ ] 3  - [ ] 4  - [ ] 4+

ANTICIPATED DATE OF GRADUATION

Month  Day  (approx.)  Year

INITIATION DATE – Celebration

Month  Day  Year

* Required for all memberships

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 (below) 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).

Candidate’s (Signature)  Chapter Secretary (Signature)

Chapter Advisor (Signature)

*** AED Chapter – send all original MRFs for each Initiation Date & one check covering fees to:

AED National Office  •  James Madison University  •  MSC 9015  •  601 University Blvd  •  Harrisonburg, VA 22807

Telephone: 540/568-2594  •  Fax: 540/568-2595  •  E-mail: aed@jmu.edu

Website: http://www.nationalaed.org/
Contact Information:
Mr.  Mrs.
Ms.  Dr.
Full Name (First, Middle, Last) _______________________________________
Social Security Number: ______/______/______  Gender: M / F
Date of Birth: 
School Address:
Street/P.O. Box:  City:  State:  Zip Code: ____________________________
Phone (home): (____)_______  Phone (cellular): (____)_______  E-mail Address: ____________________________
Permanent Address (if different from above):
Street/P.O. Box:  City:  State:  Zip Code: ____________________________
Phone (home): (____)_______  Phone (cellular): (____)_______  E-mail Address: ____________________________

Academic Information:
Classification (Jr., Sr., etc.): ______/______/______  Anticipated Graduation Date: ____________________________
G.P.A.: ______/______/______  Overall: ______/______/______  Science: ______/______/______
Major: ____________________________  Minor: ____________________________  Health Field of Interest: ____________________________

Please answer the following, as they pertain to you, with as much detail as possible:

1. Pre-health, honors and/or fraternal organizations/societies on or off campus. (Include any positions you’ve held.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Scholastic awards or honors.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. On/off-campus volunteer activities?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Please include any other information you think may be pertinent to this application, not otherwise specified.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
ALPHA EPSILON DELTA CODE OF ETHICS AND HONORS PLEDGE:

Being of sound mind and body, I ________________________, attest to the fact that all information given in this AED application is truthful and factual. If any of the information contained here is found not to be truthful or factual, it is grounds for immediate revocation of my local and national membership to Alpha Epsilon Delta.

I have read the Code of Ethics and understand the implications:

___________________________________   ________________
Signature                                      Date

Please attach the most recent unofficial transcript.
National Membership Application
Letter of Recommendation Form

*Please attach this form, along with the letter of recommendation, to the application.

STUDENT NAME: ________________________________

Dear Professor,

The above named student is applying for membership into Alpha Epsilon Delta. The mission of AED is to recognize and motivate academic excellence among students interested in pursuing health professions. With this goal in mind, the officers of AED would appreciate a statement about the applicant which comments on the following:

1. How long have you known the applicant? In what capacity?
2. The applicant’s character and personality.
3. What is your estimate of the applicant’s motivation toward pursuing a career in the health field?
4. Additional information which you believe relevant to the student’s application.

Please submit official letter, signed and dated, together with this form as soon as possible.