Welcome to Alpha Epsilon Delta Nevada Beta, the only Pre Health Honor Society on campus at UNLV! Please send your unofficial transcript to our advisor, Dr. Bubb, for GPA verification (dan.bubb@unlv.edu). Because we are an honor society, we have a minimum requirement of a 3.2 cumulative and science GPA.

After GPA verification, a member of the Executive Board will contact you to schedule your new member orientation. **Please bring the completed application on the next page to your new member orientation.** There is a one-time fee of $95 that includes national AED membership, a certificate from the national office, an AED shirt, and cords/stole for graduation since we are an honor society. After your new member orientation, you are officially a member of AED!

Please email any questions to our Secretary, Jeong, at leej71@unlv.nevada.edu.

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. PLEASE TYPE OR PRINT CLEARLY. **FULL NAME (for certificate printing)**

Title:

First _____ Middle _____ Last , Suffix & Degree (if applicable) _____

BIRTH DATE: _____/_____/_____ (Month Day Year) **GENDER:** ☐ Male ☐ Female

AED Chapter (State & Greek Letter – not symbol) _____

For National Office Use Only
Chapter # _____

College/University or Other Affiliation _____

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 — advisor/s, educational and/or professional practitioners

☐ Please do not release my information for promotional items directly related to AED. (AED does not release information to anyone except those promotionals directly related to AED.)

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 *(Choose one)* ** Required **

☐ 2 Soph. ☐ 3 Jr. ☐ 4 Senior ☐ 4+ Senior +

ANTICIPATED DATE OF GRADUATION _____/_____/_____ (Month Day Year)

DATE OF INITIATION ** Required ** _____/_____/_____ (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 & one check covering fees to the AED National Office and retain a copy for your records. No refunds – credit only policy.**

AED National Office ● Texas Christian University ●TCU BOX 298810 ● Winton-Scott 213 ● Fort Worth, TX 76129
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Website: http://www.nationalaed.org/