

ALPHA EPSILON DELTA

THE PRE-HEALTH HONOR SOCIETY



Application for Associate Membership

Date: _____ Student Number: _____

Name: _____
Last First Middle

Home Address: _____ Phone: _____

Local Address: _____ Phone: _____

_____ E-mail: _____

Major: _____ Minor: _____

Class: Fr So Jr Sr Gr

Professional Goal: ___Medicine ___Dentistry ___Optometry ___Other_____

Briefly state below why you are interested in AED membership and what you hope to gain from, and contribute to this organization.

Office use only:

Dues paid: (\$15.00) Date: _____ paid by _____
Letter sent: Date: _____

GPA: _____
Cumulative BCPM