



ALPHA EPSILON DELTA
National Premedical Honor Society
Founded 1926



Local Membership Record Form

Name: _____ CWID: _____
Last First Middle

Classification: _____ Major: _____ Minor: _____
Sr., Jr., So., Fr.

Cumulative Grade Point Average: Total: _____ Minor: _____

Permanent Address: _____
Street City State Zip

College Address: _____
Street City State Zip

Phone: _____ Email Address: _____

Professional School Area of Interest: _____
Medical, Dental, Physical Therapy, Physician's Asst., Pharmacy, etc.

Anticipated Year of Entry: _____

CANDIDATE STATEMENT:

I hereby acknowledge the invitation to membership in the Zeta Chapter of Alpha Epsilon Delta and indicate my acceptance by my signature below. I agree to assume full responsibilities of membership, including regular attendance at meetings, working on committees and projects as requested by the officers, taking part in programs, all the best of my ability. Realizing that membership in such an organization is an honor only so long as the members make it so, I pledge my efforts to maintain and increase the value and prestige of Alpha Epsilon Delta.

Signature: _____

Date: _____