

**ALPHA EPSILON DELTA  
THE PREMEDICAL HONOR SOCIETY**

**ASSOCIATE MEMBERSHIP  
APPLICATION FORM**

Name: \_\_\_\_\_  Male  Female

Student Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_ Permanent Phone Number: \_\_\_\_\_

(Please notify AED when either of your addresses is changed)

Year in School: \_\_\_\_\_ Major/Intended Major: \_\_\_\_\_

What are your career goals? (Check all applicable boxes.)

- academic medicine       medical research       private practice  
 working in a hospital setting       no idea       other: \_\_\_\_\_

What are your professional interests? Examples include immunology, pediatrics, and surgery. Please feel free to list up to five different fields or state that you don't know.

\_\_\_\_\_

How can you contribute to AED? \_\_\_\_\_

\_\_\_\_\_

What do you expect from AED? \_\_\_\_\_

\_\_\_\_\_

The annual membership fee is \$25. Please attach a check payable to AED (there is an \$18 fine for returned checks).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Officer in charge: \_\_\_\_\_

Date received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

**Note to AED Officer: After filling out the first three columns of the log sheet, please put the application in the membership mailbox. Thank you!**