



ALPHA EPSILON DELTA



*National Premedical Honor Society
Founded 1926*

AED National Membership 2009

First Name: _____ Middle: _____ Last: _____

School Address: _____ Permanent Address: _____

Phone: _____

Phone: _____

Date of Birth: _____

OSU email address: _____

Number of Quarters/Semesters in College: _____

- Must have attended college for a minimum of 3 semesters or 5 quarters (**NOT** counting AP credit or other forms of college credit earned while still in high school)

Date of Expected Graduation: _____

Cumulative GPA: _____

Science GPA: _____

Please include classes taken through the math, physics, biology and chemistry departments only

- Both Cumulative and Science GPA must be a minimum of 3.2

Signature

Date

Briefly answer the following questions on a separate page(s) (please no more than one paragraph per answer):

1. Why do you want to be a National Member of AED?
2. How have you been involved, or how do you plan on becoming more involved with AED?
3. Please tell us about your extracurricular activities (organizations, work, etc).

Please turn in this application, along with a check for \$75 (made out to Alpha Epsilon Delta), by **April 15th**. The check will be returned to you if you are not accepted. Also, please include an **unofficial transcript** with your materials. Applications will be accepted at all upcoming general meetings and ethics discussions. The induction ceremony for those who are accepted as National Members will be on **Saturday May 16th**. Please e-mail Kevin Johns

at johns.131@osu.edu if you have any questions or if you are a transfer student applying for membership.