



ALPHA EPSILON DELTA PRE-HEALTH HONORS SOCIETY

Associate Membership Application

Requirements:

1. At least 3.0 cumulative grade point average, and less than 45 credits.
2. Unofficial Transcript attached to application.
3. \$30 Associate Membership/Shirt Fees due with application.

Please turn in the application to ECS 484 during office hours. Check website for office hours at <http://www.fiu.edu/~aed/> or send an e-mail to aed@fiu.edu.

Contact Information:

Mr. Mrs. _____
Ms. Dr. _____
Social Security Number _____
Date of Birth _____
Full Name (First, Middle, Last) _____
Gender: M / F

School Address:

Street/P.O. Box _____
City _____ State _____ Zip Code _____
Phone (home) _____ Phone (cellular) _____ E-mail Address _____

Permanent Address (if different from above):

Street/P.O. Box _____
City _____ State _____ Zip Code _____
Phone (home) _____ Phone (cellular) _____ E-mail Address _____

Academic Information:

Classification (Freshman, etc) _____
Anticipated Graduation Date _____
G.P.A. Overall _____ Science _____
Major _____ Minor _____ Health Field of Interest _____

Please list any pre-health organizations (on/off campus) to which you belong:

Referred by: _____