



Alpha Epsilon Delta

The Health Preprofessional Honor Society

For National Office Use Only

MEMBERSHIP NUMBERS

National _____

Chapter _____

MEMBERSHIP TRANSFER CERTIFICATE

To insure prompt processing, please make sure form is complete and correct; incomplete or incorrect forms must be returned. Reproduce form as necessary. **PLEASE TYPE OR PRINT CLEARLY.**

(Please circle one.)

FULL NAME

Mr. Dr.

Ms. Mrs.

_____ First _____ Middle _____ Last

BIRTH DATE

____/____/____
Month Day Year

GENDER

Male Female

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Old Chapter # _____

TRANSFERRING FROM:

_____ College/University or Other Affiliation

_____ AED Chapter (State/Greek Letter)

DATE OF INITIATION

____/____/____
Month Day Year

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New Chapter # _____

National Member Number _____

Chapter Member Number _____

TRANSFERRING TO:

_____ College/University or Other Affiliation

_____ AED Chapter (State/Greek Letter)

PRESENT (NEW SCHOOL) ADDRESS:

_____ Street/P.O. Box _____ City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

PERMANENT ADDRESS:

_____ Parent(s)

_____ Street/P.O. Box _____ City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

CHAPTER ADVISOR VERIFICATIONS:

The above named member is in good standing and is transferring from our chapter to the above named AED Chapter.

_____ Previous Chapter Advisor (Signature)

_____ Previous Chapter Secretary (Signature)

The above named member has transferred from the above named AED Chapter to our chapter and is in good standing.

_____ New Chapter Advisor (Signature)

_____ New Chapter Secretary (Signature)

Please send original membership form to the National AED Office and retain a copy for your records.

AED National Office • James Madison University • MSC 9015 • Harrisonburg, VA 22807

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Website: www.nationalaed.org