

PHI DETLA EPSILON International Medical fraternity, California Zeta

Membership Application 2013-2014

Have you been a previou	s member of Phi Delta	Epsilon? YES	NO
If yes, when was your las	st active year?		
Please note that if you we required to pay the new remeetings and events.			
Contact Information:			
NAME:			DATE:
LAST	FIRST	MIDD:	LE
ADDRESS:NUMBER &ST	REET		CITY, STATE, ZIPE CODE
PHONE#:			
Preferred E-MAIL ADDRESS:			
School Information			
Major:		Minor:	
Expected year of Graduation:		Year in School:	
E#:			
GPA:			
Chemistry/Biology Cour			
Activities			
Extracurricular activities	s (music,sports,clubs,et	c.):	

What kinds of events would you be interested to atten	nd in the future	e? (Ex. Field trip, club
fair, chemistry demonstration)		
Would you be interested in driving?		NO
, o	110	110
Shirt size Sweater Size		
Personal Information		
Future/dream profession(s):		
ARE YOU INTERESTED IN BECOMING A LEADER?		
Attach class, work, sport, and ensemble scl	<mark>1edule.</mark>	
I hereby state that I have thoroughly read the Phi Delta pamphlet.	ı Epsilon contro	act and membership
Signature	Date	-
Membership Dues:		
Once accepted we will contact you about your payment. If yo	u have finical pr	oblems please contact us.
Returning Member: \$ 200.00		
New Member: \$250.00		
BOARD USE ONLY		
FEE PAID: Y N APPROVED BY:		Date:

BOARD USE ONLY:

Short Answer (new members only)

Please answer the following questions.

- 1. Why are you interested in joining Phi Delta Epsilon?
- Explain an instance where you have demonstrated "Facta-Non-Verba: Deeds Not Words."
 Why did you decide to become a physician/ medical professional and how do you plan to use your time as an undergraduate student to reach your goal?
- 4. Please list all other **current** leadership positions/activities and time commitments.
- 5. Are you a PhiDE legacy? (explain) List their names and school attended. (VPR should verify with Executive Office)