**Prospective Member Application**

**Goals**

 The establishment of Delta Epsilon Mu in Orlando, Florida is committed to providing a professional environment among students who are seeking a future in a professional field of healthcare. As a professional fraternity, we will establish a network of connections between our members, professors, alumni, and health care professionals. This network will exist to further develop professional skills of its members, to unite the health community, and to promote community awareness of health related topics through health education.

**Membership Eligibility**

 Membership is open to anyone who is interested in any of the varying fields of healthcare. Students of all undergraduate majors are welcome to join. Requirements of pre-membership shall include completion of a formal interview process, a minimum grade point average of 2.70, and payment of variable Prospective Member fees. To be deemed eligible for consideration, applicants must have at least three semesters ,not including summer but including the semester of their prospective membership, remaining as an undergraduate student at UCF, and a commitment of dedication and participation in the activities and the assignments of Delta Epsilon Mu during their prospective membership semester.

[Alpha Xi Recruitment Interviews](https://docs.google.com/spreadsheets/u/0/d/144VfvQs0vWCBtiFJEOO3jIw3kXwRLauXiY-tvqqQVz0/edit)

**1. Please complete the following sections in blue or black ink.**

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you recruited for Delta Epsilon Mu before? **(Circle one)** Yes   No If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major(s)/Minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Standing **(Circle one)**:      Freshman      Sophomore    Junior Senior        Other:

Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Delta Epsilon Mu?  Facebook Instagram Twitter Classroom Promotion   Friend  Other:

**2. Please answer the following questions on a separate sheet of paper TYPED. Attach your answers to this application when completed.**

* Why are you interested in becoming a member of Delta Epsilon Mu?
* What is your desired career path? Why?
* What does brotherhood/sisterhood mean to you?
* How will you contribute to the growth and successful implementation of Delta Epsilon Mu?
* Delta Epsilon Mu Takes pride in our foundation of “loyalty, dedication, friendship, and support.” What do these particular words mean to you?

Please list any other prior commitments you have for the semester (including times if possible). This may include work, extracurricular activities/ leadership roles, shadowing/volunteering, etc.

**3. Please provide your Fall 2023 Class schedule**

| **Class** | **Professor** | **Time** |
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**4. Please attach a small, 2x2 photograph of yourself to this document.**

**5. Please attach a copy of your Grades/Academic standing and an optional Resume to this document**.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name) have decided to be reviewed and considered to possibly become an Alpha Xi Prospective Member of Delta Epsilon Mu. I understand that my participation in this particular prospective member process is completely voluntary and I can retract my participation in the initiation process at any time. I will not hold any active member of Delta Epsilon Mu liable for any damages, loss of personal belongings, or personal injury in the very unlikely event such may happen before, during, or at the completion of the prospective member process. I understand that I will be subject to the same rules and regulations of all past, present and future members of Delta Epsilon Mu.

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

Please email this application to demorlandodop@gmail.com