



**Alpha Eta National Honor Society  
of the American Society of Allied Health Professions**

**Membership Application**

**Florida A&M University  
School of Allied Health Sciences**

Name: \_\_\_\_\_ SID#: \_\_\_\_\_  
(Print name)

Classification: \_\_\_\_\_ Major: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Current GPA: \_\_\_\_\_ (verification is confirmed by reviewing transcript)

I am interested in joining as:  Undergraduate Student

Graduate Student

Alumni

Membership fee is \$60.00 payable by money order (payable to: Dr. William Hudson, faculty advisor) or CASH. **Add an unofficial transcript to this application.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** You will be contacted via e-mail to announce meetings, community activities or updates. For additional information, contact Dr. William Hudson, Sr., Honors Faculty Advisor at 561-2003 or [william.hudson@famuedu](mailto:william.hudson@famuedu).

Membership Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dean or Designee)

**Alpha Eta requires a 3.5 Cumulative GPA - undergraduate or 3.8 graduate student**  
3/8/21bh, 3/8/22