

Alpha Kappa Alpha Scrority, Incorporated \*

2022 Graduate Member Reactivation Remittance Form

Date:	Financial No. (Not Required )					
First Name	Middle Initial/Name		Last Name	Last Name		
Address		City		ZIP	Country	
Email		Cell Phone		Home Phone		
Names Previously Used	Chapter of In	itiation and Year	Last A	Last Affiliation and Year*		
* Last affiliation	on is your last chapter or ge	neral member affiliatio	n and year			
COMPLETE THIS FORM I	IN FULL TO ENSUR	E CORRECT AI	ND TIMELY F	PROCE	SSING	
<ul> <li>We would not pay 2022 fees again, but we will be returned to you.</li> <li>The reactivation fee includes current a ONE-TIME \$200.00 fee imposed to This fee was included in your initiation COIP)</li> <li>✓ Active membership expires December</li> <li>Please selectone:</li> <li>Reactivation Fee Only – \$155.00</li> </ul>	vill be responsible for chap dues and Educational Ac o ALL financially active so on fees if you initiated afte er 31,2022. Per capita is	oter dues and asses dvancement Founda prors initiated after of er July 1992. (ex. if y	ation (EAF) dues July 31, 1943. you initiated afte	chapter. I (\$10.00) r July 1, 1	No per capita paid . COIP assessme	
Consult with the chapter for the followir	ng:					
Chapter Dues: \$	Chapter /	Assessments: \$				
Total Fees Submitted to the Chapter: \$						
Name of Reclaiming Chapter:						
Please submit this form with appropria						

ATTN Chapter: Do not submit chapter dues or assements to the Corporate Office. Only remit reactivation fee/COIP with Remittance Summary and this form. Order the 2021 sorority documents separately with the appropriate order form.