

## Alpha Kappa Alpha Sorority, Incorporated® 2024 Graduate Member Reactivation

## Remittance Form

Active Membership Expires December 31, 2024

## COMPLETE THIS FORM IN FULL TO ENSURE CORRECT AND TIMELY PROCESSING

| Date  | _ Financial No. (Not Required)   |             |                 |                                 |
|---|----------------------------------|-------------|-----------------|---------------------------------|
| First Name  | <br>Middle Initial/Name          | Last Name   |                 |                                 |
| Address   | City                             | State       | ZIP             | Country                         |
| Email   | Cell Phone                       |             | Но              | ome Phone                       |
| Names Previously Used   | Chapter of Initiation            | and Year    |                 | Last Affiliation and Year*      |
| *Last affiliation is your last cha  | pter or general member affil     | iation and  | l year          |                                 |
| · Only submit this form to the  | reclaiming chapter if you hav    | e been in:  | active for m    | ore than one year.              |
| · If you owe a debt to your fo  | rmer chapter, your reactiva      | tion will b | e delayed u     | until the debt is cleared.      |
| · If you wish to reactivate with Reactivation Form and subm   |                                  |             |                 | he 2024 General Member          |
| <ul> <li>Once you reactivate as a Grad<br/>Membership. You would not<br/>for new chapter. No per capit</li> </ul> | pay 2024 fees again but will k   | pe respons  |                 |                                 |
| <ul> <li>The reactivation fee includes<br/>COIP assessment is a ONE-TI<br/>1943.</li> </ul>                       |                                  |             |                 |                                 |
| · This fee was included in your you do not owe COIP)  | initiation fees if you initiated | after July  | 1992. (ex. if y | ou initiated after July 1, 1992 |
| · Active membership expires [   | December 31, 2024. Per capita    | is not pro  | -rated.         |                                 |
| Please select one:  |                                  |             |                 |                                 |
| Reactivation Fee Only – \$1   | 55.00 Reactivation               | Fee and     | COIP Assess     | ment - \$355.00                 |
| Consult with the chapter  | for the following:               |             |                 |                                 |
| Chapter Dues: \$  | Cha <sub>l</sub>                 | oter Asses  | sments: \$      |                                 |
| Total Fees Submitted to the Ch  | napter: \$                       |             |                 |                                 |
| Name of Reclaiming Chapter _  |                                  |             |                 |                                 |
| Please submit this form with a  | nnronriate fees to the reclaim   | ning chant  | er              |                                 |

**ATTN Chapter:** Do not submit chapter dues or assessments to the Corporate Office. Only remit reactivation fee/COIP with Remittance Summary and this form. Order the 2022 sorority documents separately using the appropriate order form.