



Alpha Kappa Alpha Sorority, Inc.®

2019 General Member Reactivation Remittance Form

Date: _____

First name Middle initial Last name Financial no. (*Not required*)

Address City State ZIP Country

Email Cell phone Home phone

Previous Information: (required)

Names previously used Chapter of initiation and year Last affiliation and year

Important Information

- Only submit this form if you have been inactive for more than one year.
- You **MUST** obtain a signed *Transfer Verification Form* if you were active with a chapter any time after 2003.
- An undergraduate soror cannot reactivate as a General Member if there is a chapter affiliated with that institution.
- Active membership expires December 31 of the current year and there are no prorated fees.

Reactivation fee & Corporate Office Improvement Project (COIP) assessment

The reactivation fee includes current dues, *Constitution and Bylaws*, *Manual of Standard Procedure* and Educational Advancement Foundation (EAF) dues.

COIP assessment is a **one-time** \$200.00 fee imposed to ALL financially active sorors initiated *after July 31, 1943*. This fee was included in your initiation fees if you initiated after July 1992.

Please select one:

- Reactivation fee only – \$305.00 Reactivation fee and COIP assessment – \$505.00

Please mail this form and *Transfer Verification Form* (if applicable) with a certified check/money order or credit card information to:

Alpha Kappa Alpha Sorority, Incorporated
Corporate Office
5656 S. Stony Island Avenue
Chicago, IL 60637

Select Payment Method - Money Order, Certified Check or Credit Card

Money Order or Certified Check Enclosed (Personal Checks will be returned)

Credit Card Provider _____ Exp Date ___/___ Card # _____

Credit Card Holder's Name _____ Card Holder's Signature _____

Credit card payments may be faxed to 773-288-8251 or mailed to the Corporate Office