



Alpha Kappa Alpha Sorority, Incorporated® 2024 General 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 Middle Initial/Name Last Name

Address City State ZIP Country

Email Cell Phone Home Phone

Names Previously Used Chapter of Initiation and Year Last Affiliation and Year*

**Last affiliation is your last chapter or general member affiliation and year*

- If you want to reactivate with a local graduate chapter, DO NOT use this form. Use the 2024 Graduate Reactivation Form.
- Once you reactivate as a General Member, at any time you may transfer to a graduate chapter. You would not pay 2024 fees again, but you will be responsible for chapter dues and assessments. No per capita paid will be returned to you.
- Only submit this form if you have been inactive for more than one year.
- If you owe a debt to your former chapter, your reactivation will be delayed until the debt is cleared.
- An undergraduate soror cannot reactivate as a General Member if there is a chapter on that campus.
- Active membership expires December 31, 2024 and there are no prorated fees.

The reactivation fee includes current dues, *Constitution and Bylaws, Manual of Standard Procedure* and Educational Advancement Foundation (EAF) dues (\$10.00).

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*.

Reactivation Fee Only – \$305.00 Reactivation Fee and COIP Assessment – \$505.00

You may fax this form with credit card information or mail with a certified check/money order to:

Alpha Kappa Alpha Sorority, Incorporated®
Corporate Office
5656 S. Stony Island Avenue, Chicago, Illinois 60637
Fax: 773-288-8251

Select Payment Method: Money Order or Certified Check enclosed (Personal checks will be returned) or Credit Card

Credit Card Type: _____

Credit Card #: _____ CVV: _____ Exp. Date: _____

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