



Alpha Kappa Alpha Sorority, Incorporated®

2022 General Member Reactivation Remittance Form

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

COMPLETE THIS FORM IN FULL TO ENSURE CORRECT AND TIMELY PROCESSING

- If you want to reactivate with a local graduate chapter, DO NOT use this form. Use the 2022 Graduate Reactivation Form.
- Once you reactivate as a General Member, at any time you may transfer to a graduate chapter. You would not pay 2022 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, 2022 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, IL 60637

Fax: 773-288-8251

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

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

Credit Card Type _____ Exp Date ____/____ Card # _____

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