

Alpha KappaAlpha Scrority, Incorporated *

2020 Graduate Member Reactivation Remittance Form

Date:	Financial No. (Not Require	ed)
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 could be your last chapter or general member affiliation and year*		
COMPLETE THIS FORI	M IN FULL TO ENSURE CORRECT AND	TIMELY PROCESSING
 You MUST obtain a signed <u>Tran</u> If you wish to reactivate with G Remittance Form and submit it Active membership expires Dec 	claiming chapter if you have been inactive for more asfer Verification Form if you were active with a chapteneral Membership, you need to complete a General with appropriate fees to the corporate office. cember 31 of the current year. Corporate Office Improvement Project	oter any time after 2003. ral Member Reactivation
The reactivation fee includes curre Advancement Foundation (EAF) due	ent dues, <i>Constitution and Bylaws, Manual of Stand</i> es.	dard Procedure and Educational
COIP assessment is a ONE-TIME stee was included in your initiation fe	\$200.00 fee imposed to ALL financially active sororsees if you initiated after July 1992.	s initiated <i>after July 31,1943</i> . This
Please select one:		
Reactivation Fee Only –	\$155.00 Reactivation Fee and COIP	Assessment – \$355.00
Consult with the chapter for the fo	ollowing:	
Chapter Dues: \$	Chapter Assessments: \$	
Total Fees Submitted to the Chapte		

Please submit this form and the Transfer Verification Form (if applicable) with appropriate fees to the reclaiming chapter.