

Alpha KappaAlpha Sorority, Incorporated®

2021 Graduate Member Reactivation Remittance Form

Date:		Financial No. (Not Required)				
First Name	Middle Initial/Name		Last Name	Last Name		
Address		City	State	ZIP	Country	
Email		Cell Phone		Home Phone		
Names Previously Used	Chapte	er of Initiation and Year	Last /	Last Affiliation and Year*		
* Last af	filiation is your last chapte	r or general member affiliati	ion and year			
COMPLETE THIS FOR	RM IN FULL TO EN	SURE CORRECT A	ND TIMELY	PROCES	SSING	
Remittance Form and submit Active membership expires De Reactivation The reactivation fee includes curre COIP assessment is a ONE-TIME	ecember 31, 2021. Fee & Corporate Office ent dues and Education	Improvement Project (C al Advancement Founda	tion (EAF) dues	(\$10.00).	10/13	
This fee was included in your initial			orors initiated at	ter July 3 i	, 1943.	
Please selectone: Reactivation Fee Only – After February 1: Reactivation Fee Only – Consult with the chapter for the fol	\$155.00 Reactivation Fee and COIP Assessment – \$355.00					
Chapter Dues: \$		Chapter Assessments: \$				
Total Fees Submitted to the Chapt	er: \$					
Please submit this form and <i>Trans</i>	sfer Verification Form if	annlicable with appropria	ate fees to the rea	claiming ch	nanter	

^{** 2020-2021} Membership Stimulus Package, Reduce-Retain-Reclaim: Reactivation fees received by February 1, 2021 are reduced by \$25.00.