



# Alpha Kappa Alpha Sorority, Incorporated®

## 2021 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

- 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, 2021 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 (\$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.

*Please select one:*

Reactivation Fee Only – \$280.00\*\*     Reactivation Fee and COIP Assessment – \$480.00\*\*

**After February 1:**

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

\*\* 2020-2021 Membership Stimulus Package, Reduce-Retain-Reclaim: Reactivation fees submitted by February 1, 2021 are reduced by \$25.00. 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 \_\_\_\_\_