

## Alpha Kappa Alpha Scrority, Incorporated®

## Graduate Member Reactivation Remittance Form

Date:	Requested year of reactivation:	
First name	Middle initial Last name	Financial no. ( <i>Not required</i> )
Address	City	State ZIP Country
Email	Cell phone	Home phone
Previous Information: (	required)	
Names previously used	Chapter of initiation and year	Last affiliation and year
	Important Information	
You MUST obtain a safter 2003.	submit it to the Corporate Office with the appoint signed <i>Transfer Verification Form</i> if you we spires December 31 of the current year. (The	ere active with a chapter any time
Reactivation fee	e & Corporate Office Improvement Pro	oject (COIP) assessment
The reactivation fee include	es per capita and Educational Advancement Fo	undation (EAF) dues.
COIP is a <u>one-time</u> \$200.0 your initiation fees if you in	00 fee assessed to ALL sorors initiated <i>after Ju</i> nitiated after July 1992.	aly 31, 1943. This fee was included in
Please select one:  Reactivation fee or	nly – \$120.00 Reactivation fee and	COIP assessment – \$320.00
Consult with the chapter	for the following fees:	
Chapter	dues \$ Chapter assessme	ents: \$
TOTAL	FEES SUBMITTED TO CHAPTER:	\$

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