

## **REPORT #9 – ANNUAL YEAR-END REPORT FOR ARCHIVE ACTIVITIES**

- ❑ Regional Director
- ❑ Regional Representative to the International Archives Committee (Do not send to Chairman)
- ❑ Chapter File

# INTERNATIONAL ARCHIVES COMMITTEE 2021-2022

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# Alpha Kappa Alpha Sorority, Incorporated® International Archives Committee (IAC)

## 2021 Annual End of Year Report for Chapter Archives Activities

*Please complete this report by completing responses for activity related to the 2021 calendar year. Return a copy to your Regional Director and your Regional Representative to the International Archives Committee by **December 31, 2021***

Name of Chapter: \_\_\_\_\_ Graduate \_\_\_\_\_  
*If it is an undergraduate chapter, give the name of the institution* Undergraduate \_\_\_\_\_  
 Chapter Location \_\_\_\_\_ School Name \_\_\_\_\_  
 Region \_\_\_\_\_

Number of Members \_\_\_\_\_ *Mark Yes or No*

- Does the chapter have a historian/archivist and committee?  Yes  No
- Does the chapter have a line item for archives in the annual budget to cover costs for supplies?  Yes  No
- Does the chapter have a disaster plan for preservation of archival documents?  Yes  No
- Does your chapter currently have a digital library?  Yes  No
- Does the chapter have a climate-controlled storage facility?  Yes  No
- Does the chapter have access to a local repository for its archives?  Yes  No

Name of Repository \_\_\_\_\_

List location of local repository \_\_\_\_\_

List contact name and email address \_\_\_\_\_



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Did the Chapter Send/Add any of the following during this calendar year?

*Check the appropriate line to indicate that documents were submitted to respective repository and/or preserved in chapter storage*

	MSRC	Regional Repository	Local Repository	Chapter Storage	N/A
Significant Anniversary Milestone Celebration Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorabilia of Visits of International Officers to your Chapter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material Concerning Founders and Early Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Copy of the Chapter's Charter (Year of Chartering: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listing of the 2021 Ivies Beyond the Wall with Obituaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral Programs and Resolutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2021 Chapter Founders' Day Celebration Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Chapter's Participation in Signature Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2021 Completed oral history interviews (with the original transcripts and the release forms) for the following:

Diamond Sorors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pearl Sorors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golden Sorors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oldest Chapter Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sorors of Significant Noteworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charter Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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If your chapter submitted items to the MSRC or Regional Repository, did you also comply with the requirement to submit a summary inventory listing of the items donated to your IAC Regional Representative?

*(If No, attach the listing to this report)*     Yes     No     N/A

Has the chapter nominated a Soror for historical marker recognition?     Yes     No

*If Yes, list Soror's*

*Name:* \_\_\_\_\_

*Date Nominated:* \_\_\_\_\_

*Address of Marker (if completed):* \_\_\_\_\_

**Chapter Archives/ Historian Chairman** \_\_\_\_\_  
(please print)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Graduate Advisor** *(If Undergraduate Chapter)* \_\_\_\_\_  
(please print)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Chapter Basileus** \_\_\_\_\_  
(please print)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send a copy of this completed report to your Regional Director, Regional Representative to the International Archives Committee, and keep a copy for your chapter's files.**