



Alpha Kappa Alpha Sorority, Incorporated®
2026 General Member Reactivation Remittance Form

Active Membership expires December 31, 2026.

Complete this form in its entirety to ensure correct and timely processing.

Please type or print clearly.

Date: _____ Financial No. (not required) _____

First name: _____ **Middle:** _____ **Last name:** _____

Any other names used: _____

Address: _____ City and State: _____ ZIP: _____

Country: _____ Email: _____ Phone: _____ - _____ - _____

Chapter of initiation and year: _____

Last affiliation and year*: _____

**Last affiliation is your last chapter or general member affiliation and year*

- If you want to reactivate with a local graduate chapter, DO NOT use this form. Use the 2026 Graduate Reactivation Form.
- Once you reactivate as a General Member, at any time you may transfer to a graduate chapter. You would not pay 2026 fees again, but you will be responsible for chapter dues and assessments. No per capita paid will be returned to you.
- 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, 2026, and there are no prorated fees.

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.

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

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, Illinois 60637
Fax: 773-288-8251

Select Payment Method: ☐ Money Order or Certified Check enclosed or ☐ Credit Card
(Personal checks will be returned)

Credit Card Type: _____ Credit Card #: _____ CVV: _____

Exp. Date: _____

Card Holder's Name: _____ Card Holder's Signature: _____

Please provide the billing address if it is different than your address listed above.

Billing Address: _____ City: _____ State: _____ ZIP: _____