

Alpha Kappa Alpha Sorority, Incorporated[®]

2026 Graduate 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 clear | ly. | | | |
|--|---|--|---|---|
| Date: Financial No. (not required) | | | | |
| First name: | | Middle: | Last name: _ | |
| Any other names used | d: | | | |
| Address: | | City and State: | | ZIP: |
| Country: | Email: | | Phon | ne: |
| Chapter of initiation and | year: | | | _ |
| Last affiliation and year* *Last affiliation | : n is your last chapter o | or general member (| uffiliation and year | |
| · Only submit this form | _ | | | • |
| If you owe a debt t cleared. | o your former ch | napter, your rea | ctivation will be de | elayed until the debt is |
| If you wish to reactiva Reactivation Form and | | - ' | | he 2026 General Member |
| • | ay 2026 fees again, b | out you will be res | - | General Membership at any es and assessments for the |
| · Active membership exp | | | a is not prorated. | |
| The reactivation fee inclu | ıdes current dues ar | nd Educational Ad | vancement Foundation | (EAF) dues (\$10.00). |
| COIP assessment is a O 31, 1943 . This fee was in | | _ | - | sorors initiated after July |
| Reactivation 2 | Fee Only – \$155.00 | Reactivati | on Fee and COIP Asses | ssment – \$355.00 |
| Consult with the chapte | er for the following: | | | |
| Chapter dues: \$ | Cha | apter Assessment: | \$ | |
| Total fees submitted to tl | ne chapter: \$ | | | |
| Name of reclaiming chap | | | | |
| Active membership exp The reactivation fee inclu COIP assessment is a O 31, 1943. This fee was in Reactivation Consult with the chapter Chapter dues: \$ Total fees submitted to the | pires December 31, 2 Ides current dues an INE-TIME \$200.00 Included in your initial process of the following: Character chapter: \$ | 2026, and per capit and Educational Adv o fee imposed to ation fees if you in Reactivation | vancement Foundation ALL financially active tiated after July 1992. on Fee and COIP Asses | sorors initiated <i>after July</i> ssment – \$355.00 |

Please submit this form with appropriate fees to the reclaiming chapter.

ATTN Chapter: Do not submit chapter dues or assessment to the Corporate Office. Only remit reactivation fee/COIP with Remittance Summary and this form. Order the 2024 sorority documents separately using the appropriate order form.