

Alpha Kappa Alpha Sorority, Incorporated®
2024 Graduate Chapter Roster of Officers

Chapter mailings are sent to address below:
 Check box if chapter address has changed and write below

Chapter: _____
Address: _____
City/State/ZIP: _____
Chapter website: _____

Basileus: _____
Financial # _____
Address _____
City/State/ZIP _____
Home telephone _____
Cell number _____
Email Address _____
Signature _____

Anti-Basileus: _____
Financial # _____
Address _____
City/State/ZIP _____
Home telephone _____
Cell number _____
Email Address _____
Signature _____

Grammateus: _____
Financial # _____
Address _____
City/State/ZIP _____
Home telephone _____
Cell number _____
Email Address _____
Signature _____

Tamiouchos: _____
Financial # _____
Address _____
City/State/ZIP _____
Home telephone _____
Cell number _____
Email Address _____
Signature _____

Pecunious Grammateus: _____
Financial # _____
Email Address _____
Signature _____

Program Chairman: _____
Financial # _____
Email Address _____
Signature _____

Standards Chairman: _____
Financial # _____
Signature _____

Ivy Leaf Reporter: _____
Financial # _____
Signature _____

Chapter must complete the Graduate Advisor(s) information on the reverse side and mail to Corporate Office. Full documentation for entering chapter officers online is accessible at www.aka1908.com-> Members Only-> Resources-> Forms & Documents -> Online Users Guides-> User Guide For Chapter Officer and open to page 36. DUE BY DEC. 14.

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Chapter Name: _____

Region: _____

If there is more than one certified Graduate Advisor assigned to an undergraduate chapter.
Please place an asterisk (*) by the Graduate Advisor that should receive all correspondence.

GRADUATE ADVISOR #1

Name Financial #

Address

City State ZIP

(____) _____ (____) _____

Home telephone Work telephone

Email

Signature

Undergraduate chapter advising

GRADUATE ADVISOR #2

Name Financial #

Address

City State ZIP

(____) _____ (____) _____

Home telephone Work telephone

Email

Signature

Undergraduate chapter advising

GRADUATE ADVISOR #3

Name Financial #

Address

City State ZIP

(____) _____ (____) _____

Home telephone Work telephone

Email

Signature

Undergraduate chapter advising

GRADUATE ADVISOR #4

Name Financial #

Address

City State ZIP

(____) _____ (____) _____

Home telephone Work telephone

Email

Signature

Undergraduate chapter advising

Office use only:
Date received _____
Date updated _____
Initials _____