



Alpha Kappa Alpha Sorority, Incorporated®

# So You Want to Run for Office

A Handbook of Guidelines for the Nomination,  
Certification, Campaign, and Election Process



Revised April 2023





*Alpha Kappa Alpha Sorority, Incorporated*

# APPENDIX



Revised April 2023



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**\*\*Any information provided in the Nomination Certification Package can be disclosed and published in the Meet the Candidates Newsletter, Election Guide, Ivy Leaf® and/or the Alpha Kappa Alpha website.**



### APPENDIX A

#### NOMINATION CERTIFICATION PACKAGE CHECKLIST

Include a copy of this checklist with your package. All forms can be downloaded from the Members Only section of the Alpha Kappa Alpha website. These forms may be duplicated but cannot be modified.

Name \_\_\_\_\_

Applying for the position of \_\_\_\_\_

Region \_\_\_\_\_ Financial Number \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_

- Candidate and members of her committee/team have read *So You Want to Run for Office*, April 2023.
- Candidate's chapter has nominated her at a regularly scheduled meeting OR  General Member
- Chapter Endorsement Letter includes all of the components listed in the Guidelines for Chapter Endorsement Letter. **(APPENDIX B)** (Not Required for General Members)
- Chapter Endorsement Letter is signed by and includes:
  - Chapter Basileus (or Anti-Basileus, if the Basileus is a potential candidate)
  - Grammateus (or Anti-Grammateus or other chapter officer, if the Grammateus is a potential candidate)
  - Graduate Advisor (Undergraduates Only)
  - Favorable Vote
  - Includes date of the regularly scheduled meeting (A copy of the meeting minutes is not needed).
  - Verification of office held, timeframe, and number of terms completed
- Officers' Signatory Form is signed by: **(APPENDIX C)** (Not Required for General Members)
  - Potential candidate
  - Chapter Basileus (or Anti-Basileus, if the Basileus is the potential candidate)
  - Chapter Grammateus
  - Graduate Advisor (Undergraduates Only)
- Biographical Data Form **(APPENDIX D)**
- Background Disclosure Form **(APPENDIX E)**
- Verification of Undergraduate Status Form. This form must have the official seal. **(APPENDIX F)** (Undergraduates Only)
- Undergraduate Certification Affidavit **(APPENDIX G)**
- Provide proof of attendance at conferences required for the office she is seeking (Not required for INC or Undergraduates).
- Verification the soror is certified via the Alpha Kappa Alpha Leadership Development Training Program to be provided by the International Leadership Development Committee.
- Photo: Upload a color headshot to the Candidate Submission Portal.
- Note: Any information provided in the Nomination Certification Package may be published in the Meet the Candidates Newsletter, *Ivy Leaf*®, Election Guide and/or the Alpha Kappa Alpha Sorority, Incorporated website.
- A signed copy of the *Soror Code of Ethics* **(APPENDIX H)**



## APPENDIX B

### SAMPLE CHAPTER ENDORSEMENT LETTER

Alpha Kappa Alpha Sorority, Incorporated  
Omega Phi Omega Chapter Ivyville, Georgia

(Date)

**(Letter addressed to Chairman, International Nominating Committee)**

Dear Soror Dill:

The sorors of Omega Phi Omega Chapter are pleased to present Soror Beatrice Vine, Basileus, as a potential candidate for the office of Regional Director.

Soror Vine has been a true moving spirit within our chapter. She is presently serving her second term as Basileus of our chapter. **Our terms of office are two years and Soror Dill served 2010 – 2011 and again beginning in 2018.** During her administration, we have experienced significant improvement in chapter operations and sisterly relations have hit an all-time high! Soror Vine has taken the words, “we help each other” to heart and has motivated all of the officers to conduct mini-leadership workshops for their respective committees so the entire chapter can excel to greater heights. We are amazed at how much Soror Vine has accomplished within a short time period. She not only provides superb leadership as Basileus, but she also sets the example of working at and participating in all of our chapter’s community service projects, and through her attendance at many committee meetings.

Soror Vine exhibits this same aggressiveness and zest for participation outside of Alpha Kappa Alpha. She is an ardent member of St. James African Methodist Episcopal Church, where she serves as the president of the Pulpit Aid Board and Superintendent of the Sunday school. She maintains a very active membership in the NAACP’s local branch, where she serves as recording secretary. Soror Vine also maintains membership in several other civic and professional organizations.

Omega Phi Omega Chapter’s sorors have literally named Soror Vine as the “Moving Spirit” of the chapter. She has been recognized twice as Soror of the Year and has earned the Officer of the Year’s award three times since becoming a member of our chapter. Other offices held in our chapter include Graduate Advisor, Grammateus, and Hodegos.

The chapter wholeheartedly supports the nomination of Soror Vine for Regional Director. **A vote was taken at our regular sorority meeting held on September 2, 2011, and Soror Vine received a favorable vote.** Soror Vine is qualified to seek this office because of her unique interpersonal, organizational, and managerial skills. Her leadership skills are superb and will blend right in with the responsibilities of a Regional Director.

Sincerely,

Soror Irene McDuffie

Soror Linda Gold

Anti-Basileus

Grammateus



APPENDIX C

OFFICERS' SIGNATORY FORM

Name \_\_\_\_\_

Applying for the position of \_\_\_\_\_

Chapter \_\_\_\_\_

Chapter Address \_\_\_\_\_

\_\_\_\_\_

Sponsoring Graduate Chapter\*\* \_\_\_\_\_

Sponsoring Graduate Chapter Location\*\* \_\_\_\_\_

Basileus Name \_\_\_\_\_ Basileus Cell Phone \_\_\_\_\_

Basileus Email \_\_\_\_\_

The information reported in this Package (Appendices C & D) is true and accurate to the best of our knowledge.

\_\_\_\_\_  
**Signature of Potential Candidate** Date

\_\_\_\_\_  
**Signature of Chapter Basileus** Date

\_\_\_\_\_  
**Signature of Chapter Anti-Basileus \*** Date

\_\_\_\_\_  
**Signature of Chapter Grammateus** Date

\_\_\_\_\_  
**Signature of Chapter Anti-Grammateus or other chapter officer \*** Date

\_\_\_\_\_  
**Signature of Graduate Advisor\*\*** Date

\*If the potential candidate is the Chapter Basileus or Chapter Grammateus

\*\*If the potential candidate is an Undergraduate



### APPENDIX D

## BIOGRAPHICAL DATA FORM

Name \_\_\_\_\_

Applying for the position of \_\_\_\_\_

Region \_\_\_\_\_ Financial Number \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_

Membership Status (Check One)  Graduate  Undergraduate  General

### EDUCATIONAL BACKGROUND

| Degree | *Major Field of Study | College/University | Year Degree Conferred |
|--------|-----------------------|--------------------|-----------------------|
| _____  | _____                 | _____              | _____                 |
| _____  | _____                 | _____              | _____                 |
| _____  | _____                 | _____              | _____                 |

\*Or anticipated major

### SORORITY BACKGROUND

Chapter of Initiation \_\_\_\_\_ Location of Initiation Chapter \_\_\_\_\_

Name at Time of Initiation \_\_\_\_\_ Year of Initiation \_\_\_\_\_

#### Sorority Suspensions (last 10 years):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Sorority Sanctions and/or Withdrawal of Privileges (last 10 years):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Graduate Soror (Directorate Positions Only):** Have you been financially active four (4) or more years immediately preceding nomination for this office?  Yes  No

### CONFERENCE ATTENDANCE

List and provide proof of attendance for the listed conferences. This is not required for Undergraduates nor those running for International Nominating Committee.

| Candidate For:              | Regional Conference   | Leadership Seminar   | Boule  |
|-----------------------------|---|--|--|
| First Supreme Anti-Basileus | N/A   | N/A  | 1 of Last 2: <input type="checkbox"/> 202__ <input type="checkbox"/> 202__ |
| Supreme Grammateus          | N/A   | N/A  | 1 of Last 2: <input type="checkbox"/> 202__ <input type="checkbox"/> 202__ |
| Supreme Tamiouchos          | N/A   | N/A  | 1 of Last 2: <input type="checkbox"/> 202__ <input type="checkbox"/> 202__ |
| Regional Director           | 1 of Last 3: <input type="checkbox"/> 202__ <input type="checkbox"/> 202__ <input type="checkbox"/> 202__ | 1 of Last 2: <input type="checkbox"/> 202__ <input type="checkbox"/> 202__ | 1 of Last 2: <input type="checkbox"/> 202__ <input type="checkbox"/> 202__ |





Appendix D  
(Continued)

Name \_\_\_\_\_

**SORORITY LEADERSHIP**

| Chapter Office Held | Chapter Name | Dates | # of Terms |
|---------------------|--------------|-------|------------|
| _____               | _____        | _____ | _____      |
| _____               | _____        | _____ | _____      |
| _____               | _____        | _____ | _____      |
| _____               | _____        | _____ | _____      |
| _____               | _____        | _____ | _____      |
| _____               | _____        | _____ | _____      |

**PREVIOUS SERVICE ON INTERNATIONAL COMMITTEE(S)**

| International Committee | Dates | # of Terms |
|-------------------------|-------|------------|
| _____                   | _____ | _____      |
| _____                   | _____ | _____      |
| _____                   | _____ | _____      |
| _____                   | _____ | _____      |
| _____                   | _____ | _____      |
| _____                   | _____ | _____      |

**PREVIOUS YEARS ON THE DIRECTORATE**

| Office Held | Dates | # of Terms |
|-------------|-------|------------|
| _____       | _____ | _____      |
| _____       | _____ | _____      |
| _____       | _____ | _____      |
| _____       | _____ | _____      |



Appendix D  
(Continued)

Name \_\_\_\_\_

SPECIAL TRAINING AND EXPERIENCE WHICH QUALIFY SOROR FOR OFFICE SOUGHT:

[Empty box for special training and experience]

LEADERSHIP EXPERIENCE WHICH QUALIFIES SOROR FOR OFFICE SOUGHT:

[Empty box for leadership experience]

MEMBERSHIP HELD IN OTHER COMMUNITY OR CIVIC ORGANIZATIONS:

[Empty box for membership in other organizations]

WHAT IS YOUR VISION FOR ALPHA KAPPA ALPHA? LIST THREE GOALS FOR YOUR TERM OF OFFICE SHOULD YOU BE ELECTED (100 WORDS OR LESS):

[Empty box for vision and goals]

**To the best of my knowledge, the information reported in this Biographical Data Form is true and accurate. I also understand that any information disclosed may be published in the Meet the Candidates Newsletter, Election Guide, Ivy Leaf® and/or the Alpha Kappa Alpha Sorority, Incorporated website. Further, I understand that if any information changes relative to this form, from the date of signature through ratification at Boule, the International Nominating Committee Chairman will be notified immediately.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



## APPENDIX E BACKGROUND DISCLOSURE FORM

Name (First, Middle, Last) \_\_\_\_\_

Any other names by which you have been known (including maiden name) \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

| Please check either yes or no for each question. If the answer is yes to any question listed in this section, please attach a separate sheet for explanation.  | YES | NO |
|--|-----|----|
| 1. Have you been convicted of ANY criminal offense, including, but not limited to, felony and/or misdemeanor offenses involving dishonesty, deceit or moral turpitude in any federal, state, local, military and/or tribal courts?<br><br>► If YES, please list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. Additionally, please list if you were incarcerated for such an offense. You may be asked to supply additional information including a certified copy of the Judgment of conviction, a copy of the criminal complaint, and/or any other relevant court or police documents.  |     |    |
| 2. Has any agency, including but not limited to, a governmental and/or regulatory agency ever found that you misappropriated the property and/or funds of another within the past ten (10) years?<br><br>► If YES, please explain when and where it occurred and the circumstances of such occurrence. Also, list the final disposition. You may be asked to supply additional information.  |     |    |
| 3. Has any agency, including but not limited to, a governmental and/or regulatory agency, ever denied and/or revoked any professional license, certification, or registration to you within the past ten (10) years?<br><br>► If YES, please explain when and where this occurred, list the professional license certification and/or registration denied and the circumstances surrounding the revocation and/or denial. You may be asked to provide additional information.  |     |    |
| 4. Do you have any <b>PENDING</b> criminal charges, including, but not limited to potential felony and/or misdemeanor offenses involving dishonesty, deceit and/or moral turpitude in any federal, state, local, military, and/or tribal courts.<br><br>► If YES, please list each crime, when it occurred or the date of the charge, and the city and state where the court is located. Additionally, please list if you were incarcerated for such an offense. You may be asked to supply additional information including a certified copy of the Judgment of conviction, a copy of the criminal complaint, and/or any other relevant court or police documents. Please notice that if any information provided as part of this section is eventually discharged, expunged and/or favorably resolved PRIOR to the election, the Corporate Office will remove any information that has been published on the Alpha Kappa Alpha Sorority, Incorporated website within five (5) business days. |     |    |

**I certify, with my signature below, that the information provided above, including any supporting documentation, is accurate and truthful to the best of my knowledge, information, and belief. Further, I understand that if any information changes relative to this form, from the date of signature through the ratification at Boule, the International Nominating Committee Chairman will be notified immediately. Any information provided in the Nomination Certification Package may be published in the Meet the Candidates Newsletter, Ivy Leaf,<sup>®</sup> Election Guide and/or the Alpha Kappa Alpha website.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



APPENDIX F

VERIFICATION OF UNDERGRADUATE STATUS FORM

**Chairman-International Nominating Committee**

Alpha Kappa Alpha Sorority, Incorporated  
5656 South Stony Island Avenue  
Chicago, Illinois 60637

**PLEASE COMPLETE THIS FORM:**

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**THE BELOW INFORMATION MUST BE COMPLETED BY THE REGISTRAR.**

This form, or equivalent verification form, must be mailed in a postage pre-paid, sealed envelope from the university to the above address.

**OR**

This form, or equivalent verification form, must be submitted electronically DIRECTLY from the university's registrar office or other official method used by the university (i.e. National Student Clearing House, Parchment, etc) to the following email addresses:  
nominating@aka1908.com **and** jyoung@aka1908.com

**Student's Current Classification:**  Freshman  Sophomore  Junior  Senior

**Expected Graduation Date:** \_\_\_\_\_

**Is the student enrolled as a full-time, undergraduate student?**  Yes  No

**Does the student have at least one (1) year remaining before graduation as of July 2024?**  Yes  No

**REGISTRAR'S INFORMATION**

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

**Phone Number:** \_\_\_\_\_

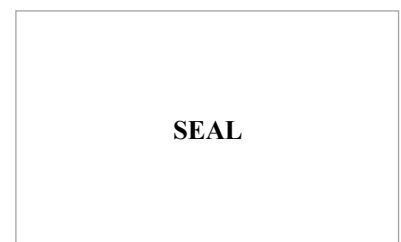
**Email address:** \_\_\_\_\_

**Registrar's Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

Please stamp with the college or university seal as evidence of certification of the above information.

\* This form must be postmarked or submitted by December 1st at 11:59pm CST with the Nomination Certification Package.





APPENDIX G

UNDERGRADUATE CERTIFICATION AFFIDAVIT

This form must be completed AND notarized.

**CONTACT INFORMATION:**

Name: \_\_\_\_\_ Financial Number: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone (optional): \_\_\_\_\_

Applying for the position of: \_\_\_\_\_

Current Chapter: \_\_\_\_\_

Chapter Location: \_\_\_\_\_

---

**AFFIDAVIT:**

I, \_\_\_\_\_, DO HEREBY SWEAR OR AFFIRM THE FOLLOWING:

That I will be matriculating as a full-time student at the time of the election;

That I will have at least one (1) full year remaining in my undergraduate studies at the time of the election.

If any of the above listed information changes, relative to this form, from the date of signature through the ratification at Boule, the International Nominating Committee Chairman will be notified immediately.

\_\_\_\_\_  
Signature Date

---

**NOTARY**

Notary Signature \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

NOTARY PUBLIC – PLEASE STAMP & SEAL

\* This form must be submitted by December 1st at 11:59pm CST with the Nomination Certification Package.



## APPENDIX H

### **Alpha Kappa Alpha Sorority, Incorporated SOROR CODE OF ETHICS**

In order to honor its Founders, maintain a high standard that allows AKA® members to serve as role models for young women and girls in the global community, preserve Alpha Kappa Alpha Sorority, Incorporated membership as a desirable and honorable affiliation and to protect Alpha Kappa Alpha Sorority, Incorporated from harassment, unauthorized association, ridicule, scandal, loss of goodwill or legal liability, I do voluntarily agree to observe the following rules of conduct:

1. To respect and comply with Alpha Kappa Alpha Sorority, Incorporated Constitution and Bylaws, Manual of Standard Procedure, Alpha Kappa Alpha Sorority, Incorporated Rituals Book, The Official Guide to Alpha Kappa Alpha Protocol, Alpha Kappa Alpha Sorority, Incorporated Anti-Hazing Handbook, Graduate Membership Intake Process Manual, Undergraduate Membership Intake Manual, Financial Operations Guide, Risk Management Guide, other official documents and policies, as well as Chapter Bylaws and Robert's Rules of Order Newly Revised.
2. To remain subject to the authority of the Boule and the Directorate.
3. To respect our elected/appointed leaders and support them in conducting the business of Alpha Kappa Alpha Sorority, Incorporated.
4. To present myself publicly in a way that reflects the high moral and ethical character of Alpha Kappa Alpha Sorority, Incorporated by:
  - a. Obeying the law.
  - b. Exercising good manners.
  - c. Displaying concern for my appearance by following established Alpha Kappa Alpha Sorority, Incorporated guidelines.
  - d. Refraining from profanity, acts of violence and criminal conduct.
  - e. Exhibiting respect for other Pan-Hellenic organizations by avoiding demeaning remarks or ridiculing them.
  - f. Wearing identifiable paraphernalia only if conduct or circumstances will bring no negative repercussion to the Sorority.
5. To demonstrate the high regard we have for each other as women and sorors by:
  - a. Avoiding derogatory, demeaning and insulting remarks.
  - b. Being polite, kind, honest, fair and conciliatory.
  - c. Assisting with the special needs of senior and disabled sorors.
  - d. Keeping confidences and maintaining confidentiality.
  - e. Refraining from acts of hazing, reporting its occurrence to the appropriate authority and demonstrating compliance with all aspects of the Alpha Kappa Alpha Sorority, Incorporated Anti- Hazing Policy.
  - f. Abiding by and actively supporting official Chapter and Sorority decisions even in the event of personal disagreement.



6. To work diligently to foster the programs of the Sorority and participate fully in meetings and conferences that enhance personal knowledge and improve Sorority effectiveness.
7. To maintain integrity in financial matters related to the Sorority by:
  - a. Remaining current with all dues and financial obligations.
  - b. Following accepted financial procedures.
  - c. Avoiding the co-mingling of personal and Sorority funds.
  - d. Utilizing the tax-exempt status only as legally permitted.
  - e. Requiring that financial officers will maintain records making them available for inspection and pass them on to succeeding officers and/or graduate advisors.
  - f. Purchasing only from officially sanctioned vendors of Alpha Kappa Alpha Sorority, Incorporated.
  - g. Reporting the misappropriation of Chapter funds and/or property to the appropriate authority taking the necessary action to protect or retrieve funds and/property belonging to the Sorority.
8. To invite for Sorority membership only those community minded women of sufficient high moral and ethical character and scholarship who have true interest serving Alpha Kappa Alpha Sorority, Incorporated.
9. To use the Internet, including but not limited to social media platforms, to positively present, reinforce and uphold the reputation, brand and integrity of the Sorority.
10. To refrain from soliciting advertisements, endorsements and sponsorships that harm the image of Alpha Kappa Alpha Sorority, Incorporated or that conflict with its program concerns and values.

I shall remain cognizant that others will judge the values and principles of Alpha Kappa Alpha Sorority, Incorporated by my personal deportment and conduct. Furthermore, should I attain a leadership position in Alpha Kappa Alpha Sorority, Incorporated that requires me to be an official spokesman or public representative. I understand that my conduct must rise to the highest standard. Should my behavior compromise the image or reputation of Alpha Kappa Alpha Sorority, Incorporated or its members, I shall relinquish my position either of my own volition or when instructed to do so by my Chapter or the Directorate.

In promising to obey these rules of conduct, I acknowledge that the perpetuation of Alpha Kappa Alpha Sorority, Incorporated as an organization of women of high moral and ethical standards depends on my compliance.

By signing below, I certify that I have read and understand the Alpha Kappa Alpha Sorority, Incorporated Soror Code of Ethics and will abide by these principles.

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



APPENDIX I

INDIVIDUAL CONSENT FORM

Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_
Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_
Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_
Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_
Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_

An Individual Consent Form must be submitted for each individual featured by photo, image or quote in the candidate's campaign materials and/or media presentation. The consent form is only valid for the current campaign. Consent forms must be submitted along with campaign materials and/or multimedia presentation.

Candidate Information:

Candidate Name \_\_\_\_\_ Candidate Region \_\_\_\_\_
Office/Position Sought \_\_\_\_\_

Consenter Information: List name and contact info of the person featured in the image/photo/quote.

Name \_\_\_\_\_
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

The individual providing/needing consent is (check all that apply):

[ ] A member of Alpha Kappa Alpha\* [ ] A minor (17 years old or younger) \*\* [ ] A deceased individual \*\*\*

\*If a member of Alpha Kappa Alpha, please indicate your chapter and region.

Chapter \_\_\_\_\_ Region \_\_\_\_\_

\*\*In the case of a minor, a legal parent or guardian must sign the consent form. Please indicate the following:

Parent/Guardian Name (Print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*In the case of a deceased person, the next of kin or executor must sign the consent form. Please indicate the following:

Next of Kin/Executor Name (Print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

I give consent permission to this candidate to use my [ ] image, [ ] photo, and/or [ ] written quote in her campaign materials or multimedia presentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Cannot be signed more than 12 months before the due date for Nomination Certification Package)

This form can be used for an individual appearing in 1-5 different photos/quotes for the candidate.





## APPENDIX J LOGO/SYMBOL CONSENT FORM

Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_  
 Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_  
 Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_  
 Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_  
 Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_

A **Logo/Symbol Consent Form** must be submitted for each logo, symbol, company slogan, fictional character, logotype, etc. that is associated with or owned by a company, organization, or entity and featured in the candidate’s promotional documents, campaign materials, and/or media presentations. The consent form is only valid for the current campaign. Consent forms must be submitted along with campaign and/or multimedia presentation.

### Candidate Information:

Candidate Name \_\_\_\_\_ Candidate Region \_\_\_\_\_  
 Office/Position Sought \_\_\_\_\_

### Consenter Information:

Name \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Title or Role \_\_\_\_\_  
 Business/Organization \_\_\_\_\_  
 Logo/Symbol Description \_\_\_\_\_

*I give consent permission to this candidate to use the logo/symbol that I own and/or have delegated authority over in her campaign materials or multimedia presentation.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Cannot be signed more than 12 months before the due date for Nomination Certification Package)

This form can be used for a logo/symbol appearing in 1-5 different instances for the candidate.



## APPENDIX K

### PHOTO/QUOTE TRACKING INSTRUCTIONS & PHOTO SUMMARY FORM

When submitting your DRAFT promotional document, please follow the below instructions in order to track each photo, quote, and/or logo/symbol with the corresponding consent form:

**Step 1.** Assign and label each page of your promotional document in numerical order starting with the cover page (Page #1).

**Step 2:** On each page of your promotional document, assign and label **EACH photograph, quote, and/or logo/symbol** in numerical order. Please start labeling at the top of the page going from left to right. Photographs containing an image of only the potential candidate must be labeled with a number as well. Please see the sample below for labeling pages of the promotional document, as well as labeling the photos, quotes, and/or logo/symbol on each page.

The sample page is titled "page #10" and features several elements labeled with numbers 1 through 7:

- 1:** A photo of four women in professional attire.
- 2:** A photo of three women smiling together.
- 3:** A quote: "Soror Ivy embodies sisterliness & excellence. She will make a positive impact. — Soror Pearl Miner"
- 4:** A photo of a woman in a green shirt holding a golf club.
- 5:** A photo of two women in a meeting.
- 6:** A logo featuring two hands holding a heart.
- 7:** A quote: "Soror Ivy is a phenomenal leader. She will serve the sorority well. — Soror Rose Howard"

A yellow box highlights the labels for photo, quote, and logo for the photo of two women in a meeting (labeled 5, 6, and 7).

**Step 3:** On each consent form, please fill out the noted section indicating the page number and image, quote or logo number corresponding to that consent form.

Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_  
 Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_  
 Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_  
 Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_  
 Page #: \_\_\_\_\_ Photo/Quote/Logo #: \_\_\_\_\_



Appendix K  
(Continued)

**Step 4:** Each photograph that contains one or more **individuals** (inclusive of the potential candidate) must also be documented on the Photo Summary Form to identify each **person** in the photograph. On the Photo Summary Form, indicate the page number that the photo is located on, the assigned photo number, and the name of each person featured in the photograph. When listing the names of each person in the photo, please do your best to list them in the general order in which they appear and make note of that order (i.e. Bottom Row, Left to Right). Please include a description, if needed, to help identify each person. Please identify yourself in the photo as the “potential candidate” as noted below. See the below example that corresponds to the sample page of promotional document.

| Page# | Photo# | Name of each PERSON featured in the photo & description  |
|-------|--------|--|
| 10    | 1      | (Left to Right): Lena Love, Ethel Wilson, Ivy Vine (potential candidate), Pearl Miner                    |
| 10    | 2      | (Left to Right): Ivy Vine (potential candidate), Joanna Smith (blue tank top & orange pants), Ruby Lyles |
| 10    | 4      | Ivy Vine (potential candidate)   |
| 10    | 5      | (Left to Right): Rose Howard, Ivy Vine (potential candidate)   |



Appendix K  
(Continued)

PHOTO SUMMARY FORM

| Page#          | Photo# | Name of each PERSON featured in the photo & description |
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| 1 (Cover Page) |        |   |
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APPENDIX L

**SAMPLE VERIFICATION LETTER  
(For sorors who served as Basileus and/or Tamiouchos of a previous chapter)**

**Alpha Kappa Alpha Sorority, Incorporated  
Alpha Beta Omega Chapter  
Ivyville, Georgia 11908**

(Date)

(Letter addressed to: Chairman, International Nominating Committee)

Dear Soror Vine:

This letter serves to verify that Soror Ethel Pearls served as (Basileus or Tamiouchos) of the Alpha Beta Omega Chapter in Ivyville, Georgia from (date) to (date), which represents one term of office.

Please contact me if there are any additional questions and/or concerns regarding this matter.

Sincerely yours,

Soror Beulah Green, Basileus

Soror Carrie Ivey, Grammateus



## APPENDIX M

### MEDIA PRESENTATION FORM

Candidates running for First Supreme Anti-Basileus, Second Supreme Anti-Basileus, Supreme Grammateus, Supreme Tamiouchos, and Undergraduate Member-at-Large are allowed to present a three-minute campaign speech that may include an audio/visual media presentation. A copy of the media presentation and the Media Presentation Form must be emailed to the Chairman of the International Nominating Committee and the AKA Executive Director by **May 31<sup>st</sup>** of the election year.

Candidate Name: \_\_\_\_\_

International Office Seeking: \_\_\_\_\_

Region: \_\_\_\_\_

Cell Phone (at Boule): \_\_\_\_\_

Hotel Name (at Boule): \_\_\_\_\_

Presentation Length: (Maximum three minutes:) \_\_\_\_\_

Audio/Visual Media Type: \_\_\_\_\_

All media presentations are timed to start with the opening word of the candidate's speech or the start of the media presentation (if at the beginning). Do you have any additional timing requirements? \_\_\_\_\_

Please bring a USB/flash drive of your approved media presentation to the rehearsal at Boule. All media presentations should be clearly labeled with the candidate's name, position sought, and phone number. The most effective method for the audio/visual technicians to synchronize a multimedia presentation is to follow a script, run of show, or storyboard. Do you plan to provide a script, run of show, or storyboard for the technicians during the rehearsal and delivery of your campaign speech?

Yes  No

An alternate name and phone number must be provided during the Boule in case you are not able to be reached. Please provide the contact information for an alternate contact person.

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

**Cell phone number:** \_\_\_\_\_

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



APPENDIX N

SAMPLE FUNDRAISER INVITATION AND RSVP CARD (PRINTED)

ALPHA KAPPA ALPHA SORORITY, INCORPORATED®  
OMEGA OMEGA OMEGA CHAPTER

*you're*  
**invited**

JOIN US FOR A FUNDRAISER HONORING  
**IVY J.VINE**  
CANDIDATE FOR REGIONAL DIRECTOR  
**SATURDAY, MARCH 18, 1908**  
*five o'clock in the evening*

THE PEARL CENTER  
*1908 Founders Ln  
Washington D.C.*

ATTIRE IS SHADES OF PINK  
\$75 suggested donation

Cash App:  Checks payable to:  
\$IvyJVine Ivy J. Vine

\*Contributions to this fundraising event will, in no way, support the programs of Alpha Kappa Alpha Sorority, Incorporated

**Note: The disclaimer statement must be included on the fundraising invitation and RSVP card.**

**rsvp**

THE FAVOR OF YOUR REPLY IS REQUESTED BY MARCH 1, 1908

*M* \_\_\_\_\_

\_\_\_\_\_ accepts with pleasure

\_\_\_\_\_ number of guests

\_\_\_\_\_ declines with regret

*please accept my contribution of* \_\_\_\_\_

\*Contributions to this fundraising event will, in no way, support the programs of Alpha Kappa Alpha Sorority, Incorporated®



## APPENDIX O

### SAMPLE THANK YOU CARD

thanks  
with

Words cannot express how much I appreciate your generosity, kindness, thoughtfulness, prayers, financial support and caring words.

These acts have not gone unnoticed. Your support and encouragement have meant the world to me. I am forever grateful.

*sincerely,*

Soror Ivy J. Vine





APPENDIX P

SAMPLE COMBINED RECEPTION or MEET AND GREET INVITATION  
REGIONAL CONFERENCE AND BOULE

**invited** *you're*!

**IVY J.VINE**  
CANDIDATE FOR REGIONAL DIRECTOR  
ALPHA KAPPA ALPHA SORORITY, INCORPORATED®

CORDIALLY INVITES YOU TO THE  
*Candidates Combined Reception*

**TUESDAY, APRIL 15, 1908**  
*five o'clock in the evening*

**THE PEARL CENTER**  
*Founders' Ballroom*



APPENDIX Q

CANDIDATE WITHDRAWAL FORM

**This form is to be used to notify the International Nominating Committee that you wish to withdraw from nomination and/or you request not to be considered a candidate for an International office or Regional position.**

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

Chapter: \_\_\_\_\_ Region: \_\_\_\_\_

Office Previously Seeking: \_\_\_\_\_

Graduate  Undergraduate  General

Reason for Withdrawal:

I have discussed my situation with the International Nominating Committee Chairman.  
Yes  No

I accept all responsibility for these actions.

Soror Signature \_\_\_\_\_ Date \_\_\_\_\_

Date received by the International Nominating Committee Chairman: \_\_\_\_\_



APPENDIX R

SOROR COMPLAINT FORM

Soror Name: \_\_\_\_\_

Chapter: \_\_\_\_\_ Region: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Complaint Details:

What evidence are you submitting to substantiate the complaint or concern? Please attach information.

Signature of Soror Completing the Form \_\_\_\_\_

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

|   |
|---|
| <p>To be filled out by the International Nominating Committee Chairman:</p> <p>Date Received by INC Chairman: _____</p> <p>Date INC Chairman Acknowledged Receipt: _____</p> <p>Date Forwarded to Supreme Basileus and Executive Director: _____</p> <p>Date INC Chairman provides status update: _____</p> |
|---|



# International Nominating Committee Code of Ethics

**(Established March 2007, Revised April 2023)**

The International Nominating Committee operates in a confidential and objective manner to facilitate the nomination, certification and campaign processes of Alpha Kappa Alpha's candidates, without discrimination, regardless of region, chapter or position.

The International Nominating Committee will provide guidelines, certification, assistance, and communication directly, timely and consistently to all sorors.

Each committee member shall respect and comply with the *Constitution and Bylaws*, *Manual of Standard Procedure*, *So You Want to Run for Office* and all other official documents.

International Nominating Committee members shall uphold Alpha Kappa Alpha's *Soror Code of Ethics* and remain subject to the Boule and the Directorate's authority.

The International Nominating Committee shall establish internal controls to uphold confidentiality and fairness in the case that a member of the INC is also seeking to be a certified candidate.



# International Nominating Committee Contact List

## International Nominating Committee 2022 - 2024

Soror Nichole Wilson (Chairman)  
8252 Cliffrose Court  
Indianapolis, IN 46278-2042  
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NWilson@aka1908.com  
Central Region - Alpha Mu Omega

Soror Jameliah Pinder  
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Mid-Atlantic Region – Beta Rho

Soror Brooke Foyles  
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South Central Region - Tau Rho Omega

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Far Western Region - Upsilon Beta Omega

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South Atlantic Region – Iota Nu

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Tekea\_s@hotmail.com  
International Region – Sigma Xi Omega

International Nominating Committee:  
Nominating@aka1908.com







*Alpha Kappa Alpha Sorority, Incorporated*

**Corporate Office**

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