

## ***Undergraduate Legacy Guidelines***

Guidelines for the completion and submission of the *Undergraduate Legacy Form* are specified below. An applicant for membership under the legacy provision is not voted upon; however, she must meet all requirements for membership.

1. A family member soror may obtain an *Undergraduate Legacy Form* from her chapter Basileus or the Graduate Advisor of the undergraduate chapter where her daughter, adopted daughter, stepdaughter, granddaughter, or legal ward\* desires membership.

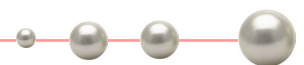
*\*For Alpha Kappa Alpha Sorority, Incorporated®, a legal ward is defined as one whose permanent care, control and custody legally have been placed with a soror by an appropriate court of law. Candidate must provide court documentation that reflects she is a legal ward.*

**Article IV, Section 14 Constitution and Bylaws states, *The living family-member soror must have been active for at least two (2) years immediately preceding the membership application for the undergraduate legacy candidate. Two years equal twenty-four (24) consecutive months.***

2. The applicant should complete Part A of the *Undergraduate Legacy Form*, and the family member soror completes Parts B and C. If the family member is a chapter member, she must obtain her chapter Basileus **and** Grammateus signatures on the form. *Falsification of any information on the Undergraduate Legacy Form provided by the family member soror makes her subject to a penalty, which may include expulsion. Further, if it is determined by the Corporate Office that any information provided on the form is false, the applicant will not be approved for membership. (Applicant must complete Parts A and B of the Undergraduate Legacy Form if family member soror is deceased.)*

*Per Article IV, Section 40 of the Constitution and Bylaws, **Any soror determined to have been ineligible for membership following her initiation into Alpha Kappa Alpha Sorority, Incorporated®, because of the revelation or submission of fraudulent information or documents, shall on the recommendation of the Regional Director, and by majority vote of the Directorate, have her membership revoked until the next Boule at which time a vote on expulsion will be taken.***

3. The family member soror should give the completed and signed legacy form to her daughter, adopted daughter, stepdaughter, granddaughter, or legal ward prior to the official Rush. The legacy applicant shall submit her completed *Undergraduate Legacy Form* with all other required documents at the official Rush.
4. The credentials of a legacy applicant are submitted with the packet of credentials for other prospective candidates.
5. It shall be the responsibility of the Corporate Office staff to verify information listed on the *Undergraduate Legacy Form*. If any information is unverifiable, the Corporate Office may request additional information for the family-member soror within a specified time.
6. The Corporate Office notifies the Regional Director, who shall notify the Graduate Advisor, of the action taken on an *Undergraduate Legacy Form* submission. The legacy applicant will receive a Legacy Candidate Letter or Letter of Regret when other prospective candidates receive notification about their membership eligibility.



## Undergraduate Legacy Form

**Instructions:** This form **must be typed**, completed by the living family member soror and attached to the Alpha Kappa Alpha Sorority, Inc.® *Undergraduate Membership Interest Application*. Article IV, Section 14 of the *Constitution and Bylaws* states “Any undergraduate who applies for membership under the legacy provision must meet all the qualifications required for undergraduate membership. She will not be subject to a vote by the chapter.” **If family member is deceased, only complete Parts A and B and sign in the appropriate space below.**

### **Part A – Prospective Legacy Candidate**

\_\_\_\_\_  
Last name                                      **Legal** first name                                      Middle      Chapter of interest

\_\_\_\_\_  
Classification-freshman, soph., etc.      Degree pursued                                      Sem. GPA      Cum. GPA

**I affirm that the information provided on this form is true and correct. I understand falsification of any information on this form is subject to expulsion of membership in Alpha Kappa Alpha Sorority, Inc.®**

**Legacy candidate signature:** \_\_\_\_\_

### **Part B – Family Member Soror**

Article IV, Section 14 of the *Constitution and Bylaws* states “The living family member soror must have been active for at least two (2) years immediately preceding the membership application for the undergraduate legacy candidate.” Per capita fees paid or submitted after the deadline interrupts 24-consecutive months of financial activity. (Please confirm with the Corporate Office that you meet legacy eligibility **prior to** submitting Legacy form.)

Legacy relationship (select one): **Daughter/Stepdaughter/Adopted Daughter/Granddaughter/Legal Ward**

\_\_\_\_\_  
Last name                                      **Legal** first name                                      Middle Initial      Financial Card No.

\_\_\_\_\_  
Current Chapter/General Membership                                      Region

\_\_\_\_\_  
Home Address                                      City, State, ZIP                                      Phone

\_\_\_\_\_  
Initiation Chapter **and** Year                                      College or University                                      City and State

Is family member soror living? Yes \_\_\_\_ No \_\_\_\_ List previous names: \_\_\_\_\_

\*\*\***This section is only for a living family member soror.**\*\*\*

### **Part C – Commitment and Affirmation Statement**

What responsibility, action or resources will you provide to this legacy candidate to ensure an active, lifelong commitment to Alpha Kappa Alpha Sorority, Incorporated® and adherence to the Sorority’s Anti-Hazing Policy throughout her membership?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm the information provided on this form is true and correct. I understand falsification of any information on this form is subject to expulsion of the legacy candidate as well as my membership in Alpha Kappa Alpha Sorority, Inc.®

**Family member’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chapter Basileus’ signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chapter Grammateus’ signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Corporate Office Use:                                      Deceased membership \_\_\_\_      Approved \_\_\_\_      Denied \_\_\_\_