

### Section III

### Undergraduate Legacy Application

**Instructions:** This application must be 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 of the qualifications required for undergraduate membership. She will not be subject to a vote by the chapter." **If family member is deceased, candidate only completes Part A and B and sign in the appropriate space below.** *Facsimile and scanned Undergraduate Legacy Applications will not be accepted.*

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

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial    Chapter of Interest  
Classification \_\_\_\_\_ Degree Pursued \_\_\_\_\_ Sem. GPA \_\_\_\_\_ Cum. GPA \_\_\_\_\_  
(Freshman, Sophomore, etc.)

#### **Part B – Family Member Soror Information**

**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 (2) years is considered as twenty-four (24) consecutive months. If you pay late each year, you no longer have 24 consecutive months of financial activity, therefore, you are not eligible to provide the Legacy status to your family member.**

Relationship to Legacy Candidate (**Circle One**):    Daughter/ Stepdaughter / Adopted Daughter / Granddaughter/ Legal Ward

\_\_\_\_\_  
Last Name                                      First Name                                      Middle            Financial Card Number

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

\_\_\_\_\_  
Home Address                                      City/State/Zip Code                                      Phone (include area code)

\_\_\_\_\_  
Chapter and Year of Initiation                                      College or University                                      City / State

Is family member Soror living?    Yes \_\_\_    No \_\_\_    If deceased, please list names previously used: \_\_\_\_\_

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

**Signature of Legacy Candidate:** \_\_\_\_\_

**\*\*\*Only complete this section if the family member Soror is living\*\*\***

#### **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 that the information provided in this application is true and correct. I understand falsification of any information on this application is subject to expulsion of the Legacy Candidate's as well as my membership in Alpha Kappa Alpha Sorority, Inc.

\_\_\_\_\_  
Signature of Family Member Soror                                      Date

\_\_\_\_\_  
Signature of Family Member Soror's Chapter Basileus                                      Date

\_\_\_\_\_  
Signature of Family Member Soror's Chapter Grammateus                                      Date

**For Corporate Office Use:**  
Verification of two (2) years \_\_\_\_\_    Deceased Membership \_\_\_\_\_    Approved \_\_\_\_\_    Rejected \_\_\_\_\_