



Alpha Kappa Alpha Sorority, Incorporated

5656 S. Stony Island Avenue • Chicago, Illinois 60637-1997 • Phone 773.684.1282 • Fax 773.288.8251 • www.AKA1908.com

CORPORATE OFFICE

Dear Prospective Vendor:

Please be advised that you must be issued a vendor's license to: (1) manufacture or sell retail products bearing Alpha Kappa Alpha Sorority, Incorporated® ("Sorority") trademark/trade name, (also known as paraphernalia); or (2) sell paraphernalia or different items at any of the Sorority's public functions. You may not use another vendor's license, or allow another to use your license, to manufacture or sell retail products related to the Sorority.

You may apply for this contract by completing the enclosed application and sending to this office samples, preferably clear photographs of each item, you wish to be licensed. **The application period ends January 31 of every year.** The license is valid for one calendar year. All licenses expire December 31 of the year issued, thus you must reapply for a license annually.

The license authorizes the Certified Vendor to sell the approved goods to financially active members of the Sorority and is only issued for products, which sustain and enhance the image of the Sorority. Also, the Sorority reserves the right to revoke or terminate any license should the items sold, in the Sorority's sole discretion, promote a negative image; includes a design or mark that infringes upon another's intellectual property; is immoral; of poor taste; tarnishes the Sorority's good will, name or trademarks, or is contrary to the views and standards of the Sorority.

Applicant must submit the applicable license fee from the following fee schedule with the application and samples or photographs to begin the approval process.

Financial Members of AKA	\$ 900.00
Vendors with 25 years or more of vending history with AKA	\$1,000.00
Vendors with 24 years or less of vending history with AKA	\$1,500.00
New vendors	\$2,000.00

Preferred forms of payment are cashier's checks or money orders and should be made payable to Alpha Kappa Alpha Sorority, Inc. American Express, MasterCard and Visa are also acceptable forms of payment (credit card authorization form follows). This fee does not include Regional Conference or National Convention booths or exhibit space charges. It also does not include the right to use the collective names of the Sorority Founders, their likeness or image when referencing their association with the Sorority ("Pearl Marks"). The fee to obtain a Pearl Mark License is \$2,000.00 annually and the request to use Pearl Marks should be accompanied by an actual sample of items to be sold.

Please note that a separate licensing fee of \$1,500.00 must be paid for the right to sell items bearing the 2014-2018 administration's logo, "*Launching New Dimensions of Service.*" **JEWELRY BEARING THIS MARK IS SPECIFICALLY EXCLUDED AS APPROVED ITEMS FOR SALE UNDER ANY CIRCUMSTANCE. Further, Licensee MAY NOT sell any item or otherwise associate any MARK belonging to the Sorority with an animal including but not limited to mice, fish, frogs or bunnies.**

Failure to abide by these rules and those implemented by the Sorority from time-to-time may, in AKA sole discretion, result in termination of your license, forfeiture of any fees paid and/or any other penalty assessed by the Sorority. Authorized vendors are listed in the *Ivy Leaf*, our quarterly magazine, and additional advertising options are available for a fee.

You should be aware of our Vendor Alert Network, which include Sorority members, vendors and manufacturers, monitors those selling products bearing our copyrights, trademarks and trade name. Please read Rules and Regulations of Vendors before signing License Agreement. Violators of the Agreement will have their license(s) terminated and shall be prosecuted to the fullest extent permitted by law where applicable.

If you have additional questions, please feel free to contact the Corporate Office.

Sincerely,

A handwritten signature in blue ink that reads "Cynthia D. Howell". The signature is fluid and cursive, with the first name being the most prominent.

Cynthia D. Howell
Executive Director

2015 VENDOR APPLICATION

Alpha Kappa Alpha Sorority, Incorporated®

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax Number: () _____ E-mail: _____

Primary Contact Person: _____ Check One: Mr. Mrs. Soror

This company is primarily: (Please check one)

Business Concession Mail Order Manufacture/Wholesaler Retail Store

**Are you, or a key member of your company, a member of this Sorority? Yes No

If yes, please complete the following:

Position Title: _____ Name: _____

Status: Active Inactive Financial Card Number: _____

Check the merchandise generally sold by your company. (Use a separate sheet of paper if necessary.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessories [Ladies] | <input type="checkbox"/> Desk/Office Accessories | <input type="checkbox"/> Mirrors/Accessories |
| <input type="checkbox"/> African Artifacts | <input type="checkbox"/> Digital Applications | <input type="checkbox"/> Monograms |
| <input type="checkbox"/> Apparel [Children/Infants] | <input type="checkbox"/> Dolls | <input type="checkbox"/> Pens/Pencils |
| <input type="checkbox"/> Apparel [Ladies] | <input type="checkbox"/> Furs | <input type="checkbox"/> Photos/Pictures/Posters |
| <input type="checkbox"/> Apparel [Men] | <input type="checkbox"/> Garment Bags | <input type="checkbox"/> Sculptures |
| <input type="checkbox"/> Art/Prints/Posters | <input type="checkbox"/> Glassware | <input type="checkbox"/> Shirts/T-Shirts |
| <input type="checkbox"/> Auto Accessories | <input type="checkbox"/> Greek Paraphernalia | <input type="checkbox"/> Shoes |
| <input type="checkbox"/> Badges/Buttons | <input type="checkbox"/> Hats/Caps | <input type="checkbox"/> Sportswear |
| <input type="checkbox"/> Banners/Flags | <input type="checkbox"/> Hosiery/Socks | <input type="checkbox"/> Sweaters |
| <input type="checkbox"/> Bath Accessories | <input type="checkbox"/> Jackets | <input type="checkbox"/> Toys/Games |
| <input type="checkbox"/> Bath Apparel | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Transfers |
| <input type="checkbox"/> Beachwear/Playwear | <input type="checkbox"/> Khaki/Safari Shirts | <input type="checkbox"/> Travel Kits/Tote Bags |
| <input type="checkbox"/> Books/Literature | <input type="checkbox"/> Lamps | <input type="checkbox"/> Umbrellas |
| <input type="checkbox"/> Candy/Cookies | <input type="checkbox"/> Leather Goods | <input type="checkbox"/> Wooden Artifacts |
| <input type="checkbox"/> Ceramics/Cups/Mugs | <input type="checkbox"/> License Plates/Frames | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Cosmetics/Cosmetiques | <input type="checkbox"/> Linen/Bedding | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Crafts/Quilted Crafts | <input type="checkbox"/> Loungewear | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Decals | <input type="checkbox"/> Luggage/Purses | <input type="checkbox"/> _____ |

**Key members must be in a decision-making position, an officer, owner, or partner. *Note: This individual will be publicly listed as a contact person for your company.*

Please list other organizations or companies with which you are or have been affiliated.

The company does does not plan to attend regional conferences.

The company does does not plan to attend the Boulé/national conferences.

The company accepts the following means of payment for purchase:

- Cash American Express Personal Checks Travelers' Checks
- Diners' Club Discover Card MasterCard Visa
- Other: _____

The type of license you are seeking as a vendor:

- General AKA Paraphernalia Pearl Marks Launching New Dimensions of Service

Please return your application to:

Cynthia D. Howell, Executive Director
 Alpha Kappa Alpha Sorority, Inc.
 5656 S. Stony Island Ave.
 Chicago, IL 60637
 773 684-1282 • Fax: 773 288-8251

FOR OFFICE USE ONLY

- All items approved
- All items not approved

Explain: _____

Date Received _____ Check/Money Order # _____

Amount of Check/Money Order \$ _____

Specify Region:

- Central Far Western Great Lakes
- Mid Atlantic Mid-Western North Atlantic
- South Atlantic South Central South Eastern
- International



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CORPORATE OFFICE

**2015 Vendor
Credit Card Authorization Form**

Company Name: _____

Primary Contact Person: _____

(PLEASE PRINT)

Please charge the following credit card for my AKA Vendor Licensing Fee.

Type of Card: _____

Credit Card No.: _____

Expiration Date: _____/_____

Authorized Amount: \$ _____ .00

Name on Card: _____

(PLEASE PRINT)

Signature for Authorization to charge your card:

Signature

Date: _____