



Alpha Kappa Alpha Sorority, Incorporated®  
**2025 Graduate Member Reactivation Remittance Form**

**Active membership expires December 31, 2025.**

Complete this form in its entirety to ensure correct and timely processing.

*Please type or print clearly.*

Date: \_\_\_\_\_ Financial No. (not required) \_\_\_\_\_

**First name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Any other names used:** \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Chapter of initiation and year: \_\_\_\_\_

Last affiliation and year\*: \_\_\_\_\_

*\*Last affiliation is your last chapter or general member affiliation and year*

- Only submit this form to the reclaiming chapter if you have been inactive for more than one year.
- **If you owe a debt to your former chapter, your reactivation will be delayed until the debt is cleared.**
- If you wish to reactivate with General Membership, DO NOT use this form. Use the *2025 General Member Reactivation Form* and submit it with the appropriate fees to the Corporate Office.
- Once you reactivate as a Graduate Member, you may transfer to another chapter or General Membership at any time. You would not pay 2025 fees again, but you will be responsible for chapter dues and assessments for the new chapter. No per capita paid will be returned to you.
- Active membership expires December 31, 2025, and per capita is not prorated.

The reactivation fee includes current dues and Educational Advancement Foundation (EAF) dues (\$10.00).

COIP assessment is a **ONE-TIME** \$200.00 fee imposed to ALL financially active sorors initiated *after July 31, 1943*. This fee was included in your initiation fees if you initiated after July 1992.

Reactivation Fee Only – \$155.00       Reactivation Fee and COIP Assessment – \$355.00

Consult with the chapter for the following:

Chapter dues: \$ \_\_\_\_\_ Chapter Assessment: \$ \_\_\_\_\_

Total fees submitted to the chapter: \$ \_\_\_\_\_

Name of reclaiming chapter: \_\_\_\_\_

Please submit this form with appropriate fees to the reclaiming chapter.

**ATTN Chapter:** Do not submit chapter dues or assessment to the Corporate Office. Only remit reactivation fee/COIP with Remittance Summary and this form. Order the 2024 sorority documents separately using the appropriate order form.