



Alpha Kappa Alpha Sorority, Incorporated®

Corporate Office

5656 South Stony Island Avenue, Chicago, Illinois 60637



GOLDEN SOROR MEDALLION AND CERTIFICATE FORM

Chapter Name: _____ Region: _____

Instructions:

1. Alphabetically list the name(s) of the Soror(s) initiated 50 years ago or more
 - a. The Soror *must be active* at the time of application
 - b. Beginning with the present name, please provide all names the Soror previously used
2. Provide current mailing address, including city, state and zip code
3. Provide the chapter name and date of initiation of the Soror
****Do not list a Soror's name if previously submitted****
4. Submit this form to the corporate office and maintain a copy for the chapter files

****A Soror initiated 50 years ago or more is not required to submit a payment for her initial medallion and certificate. Please contact the corporate office if a replacement medallion and certificate are necessary.****

Name (as it will appear on certificate): _____ Financial #: _____

Maiden name: _____ Names previously used: _____

Address: _____ City/State/ZIP: _____

Chapter of initiation and date (MM/YY): _____

Daytime telephone: (____) _____ Email address: _____

Name (as it will appear on certificate): _____ Financial #: _____

Maiden name: _____ Names previously used: _____

Address: _____ City/State/ZIP: _____

Chapter of initiation and date (MM/YY): _____

Daytime telephone: (____) _____ Email address: _____

Name (as it will appear on certificate): _____ Financial #: _____

Maiden name: _____ Names previously used: _____

Address: _____ City/State/ZIP: _____

Chapter of initiation and date (MM/YY): _____

Daytime telephone: (____) _____ Email address: _____

Name (as it will appear on certificate): _____ Financial #: _____

Maiden name: _____ Names previously used: _____

Address: _____ City/State/ZIP: _____

Chapter of initiation and date (MM/YY): _____

Daytime telephone: (____) _____ Email address: _____

Ship packages to (check one): Individual Soror(s) Soror submitting report

Report submitted by: _____ Chapter position: _____

Address: _____ City/State/ZIP: _____

Daytime telephone: (____) _____ Email: _____

Signature: _____ Date: _____