

ALPHA KAPPA ALPHA SORORITY, INCORPORATED
CORPORATE OFFICE
5656 SOUTH STONY ISLAND AVENUE
CHICAGO, ILLINOIS 60637

LIFE MEMBERSHIP APPLICATION

DATE _____ CURRENT CHAPTER _____ FINANCIAL CARD # _____

NAME _____ Day Phone() _____

EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

INITIATION CHAPTER _____ LOCATION _____ YEAR INITIATED _____

Give all previous last names you have used (for purposes of checking records):

Give names and where possible, the address of at least two (2) sorors who were present at your initiation.

This form is to be accompanied by \$750.00, \$550.00, or \$100.00 in the form of a **certified or cashier's check, bank draft or money order**. Make check payable to Alpha Kappa Alpha Sorority, Inc. Further Life Membership information can be found in the Constitution and Bylaws, Article IV, Section 9. For General Members, the form must be forwarded to the Alpha Kappa Alpha Corporate Office for signature.

Please Note: You must be a member of the sorority for at least twenty-five (25) years to have an application processed. To apply, please check the appropriate box:

Check One			
I.	<input type="checkbox"/>	10 Years Financial	\$750.00
II.	<input type="checkbox"/>	10 Years Financial (consecutive)	\$550.00
III.	<input type="checkbox"/>	50 Years Financial	\$100.00
IV.	<input type="checkbox"/>	Partial Payment	\$100.00

Must be active 50 years or more

Check Amount \$ _____

Check # _____

Money order or certified check only

To assist us in expediting your Life Membership Application, please list all previous chapters on the back of this form with appropriate signatures where applicable. **(Please complete the second page of this form.)**

NOTE: If you are in a Graduate Chapter, you must obtain signatures of the Basileus and Grammateus on the second page of this form. Submission without the signatures will cause a delay in processing.

I. \$750.00 Life Membership (Any 10 Financial Years Prior to Application)

Chapter Name	Year(s)	Chapter Name	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. \$550.00 Life Membership (10 Consecutive Financial Years Immediately Prior to Submission of Application)

Chapter Name	Year(s)	Chapter Name	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. \$100.00 Life Membership (50 Years Financial with the Sorority)

Chapter Name	Year(s)	Chapter Name	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Signature

Chapter Basileus' Signature
Phone No. _____

Chapter Grammateus' Signature
Phone No. _____

Executive Director (For General Members Only)

For Office Use Only			
_____	Date Received in the Corporate Office		
_____	Date Card and Certificate Mailed		
_____	Date Pin Mailed		_____
<small>Revised 11/11</small>		Date Posted	