



Alpha Kappa Alpha Sorority, Incorporated
Epsilon Gamma Omega Chapter



Visiting, Transferring, or Reactivating Soror

Today's Date _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Birthday (Month/Day) _____ Spouse _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Initiating Chapter _____ Date/Year _____

Chapter with which last active _____ Year _____

City _____ State _____ FINANCIAL CARD # _____

All other names used in the Corporate Office: _____

Are you _____ Visiting+ _____ Transferring* _____ Reactivating**

Are you a _____ Silver Soror _____ Golden Soror _____ Life Member

Name of Soror(s) who encouraged you to visit, transfer, or reactivate (if applicable):

_____ +If you are visiting with EGO from another chapter, "Thank you for visiting, Soror!"

Please email completed form to: egochapter@gmail.com

CHAPTER DUES AND APPLICABLE FEES MUST BE SUBMITTED WITH ACCOMPANYING FORM

*If you are transferring, you **DO** need a Transfer Verification Form from your previous chapter.

If you have been active since 2004 (other than EGO), you **DO need a Transfer Verification Form. **If you have NOT been active since 1994, you **DO** need to pay Corporate Office Improvement Project (COIP) fee.

Please do not write in the box below

Amount Received _____ Balance _____ Date Received _____

Date information mailed to Corporate Office _____ Membership Card Received _____