



Alpha Kappa Alpha Sorority, Incorporated® Undergraduate Membership Interest Application

I understand that falsification of any information on this application or attachments will eliminate me from being considered for membership into Alpha Kappa Alpha Sorority, Incorporated. By signing this form, I verify that all of the information I have provided is true and correct. I understand that at any time, Alpha Kappa Alpha Sorority, Incorporated can rescind any rights or privileges to an applicant based on the submission of false information or documents.

Signature of Candidate

Date (Must sign and date)

CHAPTER INFORMATION

Chapter of Interest

Name of College or University

City and State

PERSONAL INFORMATION

First Name

Middle

Last Name

Email Address

Permanent Address

City and State

Zip Code

Home Phone (include area code)

Cell Phone (include area code)

School Address

City and State

Zip Code

School Classification: (Circle One): Freshman Sophomore Junior Senior

Name(s) Previously Used (if applicable): _____

Degree(s) Previously Earned (if applicable): Type _____ Date: _____ School: _____

In Case of Emergency Contact

Relationship

Email

Cell Phone

Home Phone

AFFIRMATION STATEMENT

1. Have you received and read the *General Information for the Collegian* brochure? Yes No

2. Have you been a member of a sorority which belongs to the National Pan-Hellenic Council or National Panhellenic Conference? Yes No

If you answered **Yes** to No. 2, please name the Sorority/Sororities and your initiation date(s).

Name of Sorority

Initiation Date

Name of Sorority

Initiation Date

AFFIRMATION STATEMENT (CONTINUED)

3. Have you previously applied for membership into or pledged another Sorority that belongs to the National Pan-Hellenic Council (**includes Alpha Kappa Alpha Sorority, Inc.**) or National Panhellenic Conference? Yes ____ No ____

If you answered **Yes**, please name the Sorority/Sororities and explain why you did not continue to pursue membership or discontinued the process with that Sorority/Sororities.

Name of Sorority/Date of Application

Name of Sorority/Date of Application

Name of AKA Chapter

Name of College/University

Year

Name of AKA Chapter

Name of College/University

Year

Explanation: _____

4. Have you read and do you understand Alpha Kappa Alpha Sorority’s Anti-Hazing Policy? Yes ____ No ____

5. Have you ever participated in or been accused of hazing as it relates to Alpha Kappa Alpha Sorority, Incorporated?

Yes ____ No ____

If you answered **Yes**, please explain: _____

6. Have you ever participated in or been accused of hazing as it relates to any organizations? Yes ____ No ____

If you answered **Yes**, please explain: _____

7. List the URL of any websites that depict you in a personal or professional manner. (i.e. Facebook, Twitter, Instagram)

Write “none” if this does not apply to you. _____

Please read carefully before signing the following:

BACKGROUND CHECK

As part of the membership application process, Alpha Kappa Alpha Sorority, Incorporated will conduct a background check on you. Such a process requires your permission for Alpha Kappa Alpha Sorority, Incorporated to obtain a background check from a reporting agency. You will be responsible for the cost associated with obtaining your background check. Your report may include, but not be limited to, the following information: consistent with applicable federal, state, and local laws that include obtaining information on convictions and/or pending prosecutions.

I, _____, hereby authorize Alpha Kappa Alpha Sorority, Incorporated to conduct a background check

Name (Please Print Clearly)

and to investigate my qualifications as they relate to my becoming a member in the organization for which I am applying.

I understand that Alpha Kappa Alpha Sorority, Incorporated may utilize an outside firm or firms to assist in checking such information. I specifically authorize such an assessment by information services and outside entities of Alpha Kappa Alpha Sorority, Incorporated’s choice.

I agree to release and hold harmless Alpha Kappa Alpha Sorority, Incorporated from any and all liability with respect to receipt of such information and acknowledge that Alpha Kappa Alpha Sorority, Incorporated is relying on third party information and, therefore, release Alpha Kappa Alpha Sorority, Incorporated, its affiliates, regions, chapters, and their respected agents, officers, and employees from any and all liability arising out of errors or omissions.

I understand it is the responsibility of all those applying to correct and update negative or conflicting information found on their Background Check and that there is no appeal process.

I also understand that I may withhold my permission. In such a case, no investigation will be done and my application for membership may not be processed further.

Signature of Candidate**

Date**

** Must sign and date

ANTI-HAZING POLICY

Alpha Kappa Alpha Sorority, Incorporated has a strict policy against hazing. Hazing is defined as an act or series of acts that may include, but are not limited to: attending unauthorized rush meetings or sessions; removing garments; eating or drinking anything given to you as a requirement for membership in Alpha Kappa Alpha Sorority, Incorporated; being subjected to any form of verbal, physical or mental harassment, intimidation or disgrace; “underground hazing,” “financial hazing,” “pre-pledging” or “post-initiation pledging.” Alpha Kappa Alpha Sorority, Incorporated requirement is that those interested in membership in the Sorority will support our policy against hazing, harassment and/or humiliation of any kind.

I, _____, acknowledge that I have read, understand and will abide by the policy of

Name of Candidate (Please Print)

Alpha Kappa Alpha Sorority, Incorporated which forbids hazing. The candidate and parent(s) or guardian(s) for candidates under the age of twenty-one (21) further agree to indemnify and/or hold harmless Alpha Kappa Alpha Sorority, Incorporated, its affiliates, regions, chapters, and their respective agents, officers, and employees for any and all acts of hazing in which the candidate participates and which result in harm to the candidate or anyone else from this day forward in perpetuity.

Signature of Candidate**

Candidate’s Date of Birth

Date**

Name of Parent or Legal Guardian (Please Print)

Signature of Parent or Legal Guardian*

Date**

*If you are under 21 and married, the signature of parent or guardian is not applicable. If you are married circle →YES.

** Must sign and date

AGREEMENT TO ARBITRATION

I, _____ affirm that I understand and agree that any grievances and all disputes regarding

Name of Candidate (Please Print)

membership intake should generally be referred to the Regional Director for investigation and resolution. I understand and agree that all grievances and disputes of a prospective member that cannot be resolved within Alpha Kappa Alpha Sorority, Incorporated will be referred to arbitration including claims for personal injury, claims for damages to property, or disputes of any nature that cannot be resolved within Alpha Kappa Alpha Sorority, Incorporated, including those arising from the membership intake process. Any grievances and disputes regarding membership intake should be promptly referred to the Regional Director for investigation and resolution. The prospective member specifically agrees to follow all of the rules, regulations, and guidelines relating to the intake process. The prospective member further agrees to promptly report in writing to the Regional Director any infractions and violations of the rules, regulations, and guidelines relating to the intake process. The prospective member acknowledges that Alpha Kappa Alpha Sorority, Incorporated is an international organization with entities located throughout the United States of America and abroad. The prospective member recognizes by making this application for membership she agrees to the foregoing matters. The prospective member understands that this agreement has an effect on interstate commerce and is subject to the Federal Arbitration Act. The prospective candidate, her heirs and assigns, and Alpha Kappa Alpha Sorority, Incorporated, its officers, employees, agents, affiliates, chapters and members, agree that any and all disputes, conflicts, claims, and/or causes of action of any kind whatsoever, including but not limited to: contract claims, personal injury claims, bodily injury claims, injury to character claims, and property damage claims arising out of or relating in any manner whatsoever to membership of Alpha Kappa Alpha Sorority, Incorporated or to the membership intake process shall be subject to and resolved by compulsory and binding arbitration under the Federal Arbitration Act, 9 U.S.C. Section 1, et seq., and the commercial rules of the American Arbitration Association. I voluntarily sign this agreement to arbitrate after having a change to review its provisions.

Signature of Candidate**

Date**

** Must sign and date

EVIDENCE OF COMMUNITY/CAMPUS INVOLVEMENT (ECCI) FORM

INSTRUCTIONS:

Please record information below regarding your involvement in community/campus activities or programs that have occurred within the last two (2) years. All applicants must submit at least one (1) but cannot exceed three (3) ECCI forms to be considered for membership in Alpha Kappa Alpha Sorority, Incorporated. Additional documentation should not be submitted and subsequently will not be reviewed. **This form should be completed in its entirety and any information documented without signatures will not be accepted. If still involved in program, write "current" for End Date. The supervisor of the program must fill out and sign the bottom of the page.**

Title of Community Service Activity or Program

Start Date (Mo/Yr)

End Date (Mo/Yr)

Location of Community Service Activity/Program

Approximate hours completed

Goal of Community Service Activity/Program:

Population Served (check all that apply):

Youth Adults Seniors College Students Other (Please Specify) _____

Please describe your specific involvement:

How did the program positively impact the population served?

Did you meet the goal of the activity/program? Please explain.

How did your involvement in the program affect you?

By signing this form, I verify that all of the information I have provided is true and correct. I understand that at any time, Alpha Kappa Alpha Sorority, Incorporated can rescind any rights or privileges to an applicant based on the submission of false information or documents.

Signature of Candidate

Date

Supervisor of Program must complete the following in its entirety and sign:

Name of Supervisor (Please Print)

Signature of Supervisor

Supervisor's Title

Date

Email Address

Work Phone

FOR CHAPTER OFFICE USE ONLY

All officers below must review and sign

Basileus: _____ Membership Chairman: _____ Graduate Advisor: _____