

Visiting Soror Information Form



Thank you for your interest in the **Pi Alpha Omega Chapter of Alpha Kappa Alpha Sorority, Inc.!** Prior to admission to a virtual chapter meeting and/or event, please provide us with some information.

Please complete this form and return it to visit@pialphaomega.org. **Form must be received at least seven (7) days in advance of chapter meeting/event.** Please save completed form before attaching and sending it. Virtual meeting/event login information for Zoom registration will be sent to the email address and phone number you provide on this form; incomplete, inaccurate and/or conflicting information may delay meeting attendance confirmation.

We look forward to “seeing” you soon!

NAME

First Name

Last Name

Last Name Used as an Active AKA
(if different)

MEMBERSHIP INFORMATION

Financial Card Number (if known)

Name of Initiating Chapter

Location of Initiating Chapter

Year of Initiation

Last Chapter/Affiliation

Year Last Active

(List name of chapter in which you were last active or Boule/General Member status).

CONTACT INFORMATION

Email Address

Preferred Contact Number

How did you hear about Pi Alpha Omega Chapter?

(Please share name of inviting chapter member, website, social media, etc.) _____

FOR CHAPTER USE ONLY

[Section to be completed by chapter; visiting soror should not complete this section of form]

Verified by Membership Chairman
Chairman/Co-Chairman?

Yes No Date

Verified by Basileus?

Yes No Date

ESIGNATURE