

Alpha Kappa Alpha Educational Advancement Foundation, Inc.
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LIFE MEMBERS EAF DUES

INSTRUCTIONS:

(List names of all Chapter Life Members)

1. **Type** or **Print** all reports.
2. Mail all EAF reports and contributions directly to the EAF office at the address above.
3. Give full name and full address (include zip code).
4. Retain a copy for your Chapter file, send original to EAF.
5. You may use the Life Membership roster (please make corrections)

Chapter Name _____ **Region** _____ **Date** _____

Mailing Address _____

Chapter Basileus _____ **Phone No.** _____

Chapter Captain (required) _____ **Phone No.** _____

Name	Address	City, State, Zip	Dues
1			
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Grand total amount submitted for Life Members at \$10 per member \$ _____

(For Chapter Life Members Only)

Name	Address	City, State, Zip	Dues
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