



Alpha Kappa Alpha Sorority, Inc. Omega Chi Omega Chapter

SOROR INFORMATION FORM

This form is designed to assist Sorors returning to active chapter membership. Please help us by taking a few minutes to complete this information form and return it to the Philactor. Thank you.
(Please print legibly)

Please check one: Visiting___ Transferring___ Reactivating___ Directory Update___

Date: _____

Name: _____

Address: _____

Phone Numbers: (H) _____ (C) _____

Email: _____

Would you like to receive information about our upcoming events? Yes ___ No ___

What year were you initiated? _____

Chapter: _____ School/Location: _____ HBCU Yes ___ No ___

Are you financially active? Yes ___ No ___

What is your current or last Chapter? _____

How did you find out about Omega Chi Omega Chapter?

Website___ Facebook___ Instagram___ Other_____

If invited by a Soror, please list her name _____

Would you like someone from Membership Committee to contact you? Yes ___ No ___

What are some special talents or interests you have that you enjoy? For example, do you have skills/interest in photography, or have you done any mentoring or tutoring?

Reactivating and Transferring

Sorors Reactivating and Transferring into Omega Chi Omega Chapter, please complete this section. We use this information to include in our chapter directory.

Birthdate (MM/DD) _____

Special Membership Level: Pearl ___ Golden ___ Silver Star ___ Life ___

College/University (s) Attended (City/State) & Degree

Professional Industry: _____ ex: Finance, HR, Policy

Thank you so much for visiting Omega Chi Omega Chapter, please follow us on Facebook or Instagram!

We look forward to seeing you again!

Form can be emailed to omegachiomegaaka@gmail.com