

Mail to: Soror Tanya Gayle **180-2 North Route 303, Congers, NY 10920**

ELIGIBILITY: You must be an active member in Alpha Kappa Alpha Sorority, Inc. Submission of any false information may result in the prevention and/or revocation of your privilege to have Alpha Kappa Alpha plates under section 392 of the Vehicle and Traffic Law, and regulations set forth by the Commissioner. This form will be accepted when accompanied by an accepted method of payment and the General Consent for Release of Personal Information is signed and notarized.

Please Print:

Current NYS Vehicle Plate # _____ Expires _____ Vehicle Class: ___ Passenger ___ Comm.
_____ Check here if the registration is in the name of the sorority member's spouse.

Last _____ First _____ Middle _____ Date of Birth ___ / ___ / ___

Current Mailing Address: _____

City _____ State _____ Zip _____

Telephone Day: () _____ - _____ Evening: () _____ - _____

Standard Alpha Kappa Alpha Plate: Cost \$70.00 (Annual cost to renew is \$31.25 per year in addition to normal registration fees billed every two (2) years). You may select the first three numbers for the plate; if available they will be assigned.

1st choice ___ ___ ___ AKA; 2nd choice ___ ___ ___ AKA; 3rd choice ___ ___ ___ AKA

NOTE: Choosing between 1 AKA and 99AKA will result in a personalized plate charge.

Personalized Alpha Kappa Alpha Plate Cost: \$101.25 (Annual cost to renew is \$62.50 per year in addition to normal registration fees billed every two (2) years). You may select a combination of six (6) letters, numbers and spaces. Enter up to four choices in order of preference. Allow 4-6 weeks for delivery.

1st choice ___ ___ ___ ___ ___ 2nd choice ___ ___ ___ ___ ___

3rd choice ___ ___ ___ ___ ___ 4th choice ___ ___ ___ ___ ___

I would like to order: Standard Plates for \$70.00 Personalized Plates for \$101.25

Payment Methods: Check or Money Order should be made payable to Alpha Kappa Alpha Sorority, Inc., Pi Psi Omega Chapter. Affix to this application a copy of the current financial card or a letter from the Basileus attesting to the current financial status of the applicant.

The Alpha Kappa Alpha Sorority, Inc. will retain \$10 of the initial cost for the purpose of operational expenses.

New York State Department of Motor Vehicles

GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION

I _____, authorize the New York State Department of Motor Vehicles to disclose or otherwise make available to Alpha Kappa Alpha, my name, address, plate number and registration information during the time period in which I hold Alpha Kappa Alpha Member plates issued by DMV.

Motorist's Signature _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____ before me personally appeared _____
(1st,2nd) (Month) (Year)

to me known and who by being duly sworn, acknowledged to be person described in and who executed the foregoing consent and he/she duly acknowledged to me that he/she executed the same.

Notary Public

Certification:

Authorized Signature and Seal: _____ **Date:** ___/___/___ **Plate Number:** _____