

Application for Special License Plate



Please Print or Type:

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Pursuant to KRS 186.164

Must be a non profit organization and in compliance with the parameters of the Kentucky Revised Statutes.

I am applying for the following special license plate: AKA

Application must be submitted to (point of contact person):

Richelle McCoy

Name of organization: Alpha Kappa Alpha Sorority - Pi Lambda Omega

Address: P.O. Box 99446

City: Louisville State: KY Zip: 40299

Each application must be accompanied by a cashiers check or money order in the amount of \$39.00 for Pre-Numbered plates or \$64.00 for Personalized plates to Pi Lambda Omega Chapter of Alpha Kappa Alpha.

Additional voluntary donations for special plates, over and above the cost of the plate may be made at the County Clerk's office. \$ _____

Please mail this application, the attached License Plate Form, a cashiers check or money order, and official verification of sorority membership (if not currently affiliated with a chapter) to:

Pi Lambda Omega Chapter, P.O. Box 99446, Louisville, KY 40299.

At least 900 applications for a particular plate shall be received within one year or the plate will not be produced.

This application will be accepted at any time.

Kentucky Soror AKA License Plate Form

*** Please fill out and mail in with your application/payment. ***

Name:

Chapter:

City:

Email Address:

Phone Number(s):

Quantity Ordered: _____ x \$39 – Pre-Numbered

Quantity Ordered: _____ x \$64 – Personalized _____
(Up to 5 letters and/or numbers)

TOTAL DUE: _____

Please attach official verification of your sorority membership (e.g. photocopy of membership card, written documentation from Corporate Office, etc.) if you are not currently affiliated with a chapter. Membership card does not have to be current.

Kentucky AKA License Plate – Affidavit Form

This form provides membership verification of financially inactive members who cannot provide a membership card or official membership certificate as proof of membership. This form must be completed and signed by an active member and accompanied with a copy of the active member's membership card.

Date: _____

I, _____, membership number
(Name/Chapter of Active Soror)
_____ do verify that
(Membership Number of Active Soror)
_____ is a member of
(Name of In-Active Soror)
Alpha Kappa Alpha Sorority, Incorporated. Her chapter of
initiation was _____ in
(Chapter Name)
_____. The year of
(City and State)
initiation was _____. Her last chapter of
affiliation was _____ in
(Chapter Name)
_____.

Sincerely,
