



UNIT REMITTANCE FORM ♦ 2017-18

Units must use this sheet when submitting monies to 22nd District PTA

Date _____

Unit Name _____ State PTA ID # _____

Unit Address _____ City/Zip _____

TOTAL MEMBERSHIP ON THIS REPORT: _____

DESCRIPTION	AMOUNT
Membership Dues: # _____ @ \$4.75 per member	\$
Membership Envelopes	
District Training Fee - \$50.00 per year	
Insurance Premium	
Insurance Late Charge	
Workers' Compensation Surcharge and form	
Founders Day Freewill Offering	
CHECK # _____	TOTAL \$

All checks must have TWO SIGNATURES.

Make a copy for your records.

Unit Treasurer _____ Phone _____

Address _____

City/Zip _____ Email _____

Make check payable to: **22nd District PTA**
P.O. Box 6039
Eureka, CA 95502
Attention: District Treasurer

*"A portion of the total sum sent for the National portion of PTA membership dues is payment for one year's subscription to **Our Children** of the National Congress of Parents and Teachers, which will be sent to the president of each local unit."*