



UNIT REMITTANCE FORM

Units must use this sheet when submitting monies to district.

Date: _____

Unit Name: _____

State PTA ID Number: _____

Unit Address: _____

City/Zip: _____

Council: OUT-OF-COUNCIL

District PTA: TWENTY-FOURTH (24th)

Total memberships on this report: _____

Total memberships remitted this year: _____

ITEM DESCRIPTION	AMOUNT
Membership dues: # _____ @ \$ 6.50 per person (Council, District, State, National PTA portions)	
Insurance Premium (through channels) (\$232)	
Late Charge Insurance (assessed by State PTA) if after 12/20 (\$25)	
Founders Day Freewill Offering	
District PTA Assessments	
CHECK #	TOTAL

Mail remittance to: **Carrie White, Unit Information Officer**
Twenty-Fourth District PTA
5405 Fresno Ave.
Atascadero, CA 93422

Make check payable to: 24th District PTA.

All checks must have TWO SIGNATURES. Make a copy of this form for your records.

The following statement must appear on all local remittance statements in order that the National PTA publication, **Our Children** may qualify for second-class entry mailing:

*“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.”*

For District PTA Use ONLY:

Date Received	Date Submitted to State PTA	Membership Batch #