



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 (District, State, National PTA portions)	
Insurance Premium: REMIT DIRECTLY TO AIM beginning Fall 2022	XXXXXXXXXXXXXXXXXX
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.

For District PTA Use ONLY:

Date Received	Date Submitted to State PTA	Membership Batch #