



## 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 (24<sup>th</sup>)

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: <b>REMIT DIRECTLY TO AIM</b> beginning Fall 2022 (\$272)	XXXXXXXXXXXXXXXXXX
Late Charge Insurance (assessed by State PTA) if after 12/20 (\$25)	
Founders Day Freewill Offering	
District PTA Assessments	
<b>CHECK #</b>	<b>TOTAL</b>

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

Make check payable to: 24<sup>th</sup> 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 #