



## 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>	XXXXXXXXXXXXXXXXXXXX
Late Charge Insurance (assessed by State PTA) if paid after 12/20 (\$25)	
Founders Day Freewill Offering	
District PTA Assessments	
<b>CHECK #</b>	<b>TOTAL</b>

Mail remittance to: **“B” Jansen, Treasurer**  
**Twenty-Fourth District PTA**  
**1867 San Luis Ranch Rd**  
**San Luis Obispo, CA 93405**

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 #