



UNIT REMITTANCE FORM

Out-of-Council 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)	
District PTA Assessment (due by November 1st) (\$25)	
Founders Day Freewill Offering (optional)	
Insurance Late Charge (send directly to AIM if insurance paid after Jan 4 th) (\$50)	
Other (explain below)	
CHECK #	TOTAL

Mail remittance to:

**Roni DeCoster, Treasurer
Twenty-Fourth District PTA
10150 San Marcos Rd.
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 #