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UNIT REMITTANCE FORM

Units must use this sheet when submitting monies to council.

Date _____

Unit Name _____

State PTA ID Number _____

Unit Address _____

City/Zip _____

Council _____

District PTA _____

Total membership on this report: _____

DESCRIPTION	AMOUNT	
Membership dues: # _____ @ \$ _____ (Council, district, State, National PTA portions)	\$	
Insurance Premium (through channels to State PTA by 12/20)		
Late Charge Insurance (assessed by State PTA if after 12/20)		
Workers' Compensation Surcharge and form (through channels to State PTA by 1/31)		
Founders Day Freewill Offering		
Council Assessments		
District PTA Assessments		
Membership Envelopes		
CHECK #	TOTAL	\$

Treasurer _____ Telephone (_____) _____

Address _____

City/Zip _____ Email _____

Make check payable to: _____ Council.

Mail to council treasurer: Name _____

Address _____ City/Zip _____

All checks must have TWO SIGNATURES.

Make a copy 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."*