

COUNCIL MEMBERSHIP DUES

Remittance Form 20__ - 20__

Date	PTA Unit ID (8 digits)
Region	Council (if applicable)
Local PTA/PTSA	
Local PTA President	
Phone number	
Email address	
Local PTA Treasurer	
Phone number	
Email Address	

ELEMENTARY
 MIDDLE
 JR.HIGH
 HIGH SCHOOL
 OTHER

PTA Council dues _____ (# of members) x \$ _____	\$
--	----

Council Dues Remitted on _____ (date) By check number _____

Mail this completed form and check to council, president, or treasurer.

This form is only to be used by PTAs that are organized in councils.

*The council dues amount is determined by the council bylaws.
Please check with your council for the correct amount.*