



San Diego Unified Council of PTAs
 c/o Ballard Parent Center
 2375 Congress St. B-7
 San Diego CA 92110-2318



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 2375 Congress St. B-7
 San Diego CA 92110-2318

UNIT REMITTANCE FORM

Use this form when submitting monies to Council.

Unit Name: _____

Date: _____ Total Membership on this report: _____

DESCRIPTION	AMOUNT
Membership Dues: # _____ at \$5.00 per capita Due October 14 th for State Awards (minimum of 30) Due November 1 st for required membership (minimum of 15 members to be in good standing) Thereafter remit monthly	\$
\$50 Council assessment due November 1 st	\$
\$199 Insurance premium due November 1 st	\$
\$25 Insurance late charge if paid after December 1 st	\$
Check Number: TOTAL	\$

- Make check payable to **San Diego Unified Council of PTAs**. All PTA checks must have TWO SIGNATURES.
- Send one copy of this form with your check to the Council Treasurer at the above address. Keep a copy for your records.

Treasurer Name: _____

Phone: _____ e-mail: _____

A portion of the National 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.

2011-2013 COUNCIL FINANCIAL TEAM

Treasurer: Cathy Lackmann 858-272-6236
 Financial Secretary: Janine Morrow 858-565-7880
 Auditor: Bill Quackenbush 619-297-7821
 Council Office 619-297-7821

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