



**San Diego Unified Council of PTAs**  
 c/o Ballard Parent Center  
 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: # _____ @ \$4.50 per capita DUE OCTOBER 15 FOR STATE AWARDS DUE NOVEMBER 1 FOR REQUIRED MEMBERSHIP THEREAFTER REMIT MONTHLY	\$
Insurance premium due November 16	
\$25 Insurance late charge after December 8	
\$50 Council Assessment due December 15	
CHECK # 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 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.

**2010-11 COUNCIL FINANCIAL TEAM**

Treasurer: Janine Morrow (858) 565-7880  
 Auditor: Bill Quackenbush (858) 395-1007  
 Council Office: (619) 297-7821 sducpta@yahoo.com



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