



**OUT OF COUNCIL  
 UNIT REMITTANCE FORM**

Unit \_\_\_\_\_ Date \_\_\_\_\_

Total Membership on this report: \_\_\_\_\_

ITEM DESCRIPTION	AMOUNT
Membership dues at \$5.25 per capita	
Insurance Premium : \$221.00	
Workman's Compensation Insurance	
Insurance Late Charge: \$25.00	
Founders Day Freewill Offering	
Membership Envelopes	
<b>CHECK NO.:</b>	<b>TOTAL \$</b>

**Make checks payable to Ninth District PTA**

*Note: All check must have two signatures.*

Send one copy of this form with your check, and keep one for your records.

Unit Treasurer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

A part 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.

**Ninth District PTA  
 6401 Linda Vista Road  
 San Diego, CA 92111  
 Phone: (858) 268-8077**



**OUT OF COUNCIL  
 UNIT REMITTANCE FORM**

Unit \_\_\_\_\_ Date \_\_\_\_\_

Total Membership on this report: \_\_\_\_\_

ITEM DESCRIPTION	AMOUNT
Membership dues at \$5.25 per capita	
Insurance Premium : \$221.00	
Workman's Compensation Insurance	
Insurance Late Charge: \$25.00	
Founders Day Freewill Offering	
Membership Envelopes	
<b>CHECK NO.:</b>	<b>TOTAL \$</b>

**Make checks payable to Ninth District PTA**

*Note: All check must have two signatures.*

Send one copy of this form with your check, and keep one for your records.

Unit Treasurer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

A part 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.

**Ninth District PTA  
 6401 Linda Vista Road  
 San Diego, CA 92111  
 Phone: (858) 268-8077**