



OUT OF COUNCIL
UNIT REMITTANCE FORM

Unit _____ Date _____

Total Membership on this report: _____

ITEM DESCRIPTION	AMOUNT
Membership dues per capita	
Founders Day Freewill Offering	
Membership Envelopes	
CHECK NO.: TOTAL \$	

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, Annex A
San Diego, CA 92111
Phone: (858) 268-8077

District Copy



OUT OF COUNCIL
UNIT REMITTANCE FORM

Unit _____ Date _____

Total Membership on this report: _____

ITEM DESCRIPTION	AMOUNT
Membership dues per capita = \$	
Founders Day Freewill Offering	
Membership Envelopes \$3.00 per 100	
CHECK NO.: TOTAL \$	

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, Annex A
San Diego, CA 92111
Phone: (858) 268-8077

PTA/PTSA Unit Copy