

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 Note: All check must have two signatures. Send one copy of this form with your check, and keep of		records.
Unit Treasurer		Phone
Address		
Email Address		
A part of the total sum sent for the National payment for one year's subsription to Our Childre and Teachers, which will be sent to the president of	n of the Na	tional Congress of Parents
Ninth District 6401 Linda Vista Roa San Diego, CA	d, Anne	x A

Phone: (858) 268-8077

Ninth District PTA
P7/4
everychild. onevoice.

OUT OF COUNCIL UNIT REMITTANCE FORM

ITEM DESCRIPT	ION	AMOUNT
Membership dues per capita =	\$	
Founders Day Freewill Offering		
	00 per 100	
CHECK NO.:	TOTAL	\$
Make checks payable to Nint Note: All check must have two signates		
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Note: All check must have two signat	<u>ures</u> .	records. Phone
Note: All check must have two signates	<u>ures</u> .	

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

A part of the total sum sent for the National portion of PTA membership dues is payment for one year's subsription to **Our Children** of the National Congress of Parents and

Teachers, which will be sent to the president of each local unit.

District Copy

PTA/PTSA Unit Copy