

Corona-Norco Council of PTAs

Remittance Form

Unit Name: _____ Date _____

Item Description	Amount
Membership Dues: # _____ @ \$ _____ (Council, District, State and National portions)	\$ _____
Membership Envelopes	
Training: (Please list type)	
Council Assessment Fee	
Insurance Premium	
Convention Delegate Fee	
Founder's Day	
Other	
Check#	Total \$ _____

Treasurer's Name _____ Phone _____

Liaison Initials _____ Council Treasurer Initials _____ Date Treasurer Received _____

Units must use this form when submitting money to Council.

One check per item is required.

Make checks payable to: **Corona-Norco Council of PTAs.**

All checks must have 2 signatures.

Membership Card/Envelopes Verification

Unit Name: _____ Date _____

I have received _____ **boxes** of membership envelopes (500 per box)
and/or

I have received _____ **sheets** of membership cards which equals a total of _____ membership cards.

Signed _____ Board Position _____

Important Note:

*If you make a mistake printing your membership cards, do not throw them away.
Please return them to Council and we will exchange them for new sheets.

Additional cards will only be distributed when full payment for the
initial amount of cards has been received by Council.