

## **Twenty-Third District PTA**

38670 Sky Canyon Dr #200, Office #202 Murrieta, CA 92563

## MAKE ALL CHECKS PAYABLE TO: Twenty-Third District PTA

## **Unit Remittance Summary**

Unit Name:	Date:
Council Name:	State PTA ID:
Address:	City, Zip:
MEMBERSHIP REMITTANCE	
TOTAL MEMBERSHIPS SUBMITTED IN THIS REPORT:	
District Dues [.50 per capita] State Dues [\$2.00 per capita] National Dues [\$2.25 per capita] Membership Envelopes [ Boxes: @ \$15/bo	\$ \$ x]
INSURANCE REMITTANCE	
Insurance Premium @ \$ Late Fees @ \$25.00 @ \$ Worker Compensation @ \$	\$ \$
CONVENTION REMITTANCE	
Registration@ \$ District Fee@ \$ Hotel Reservation@ \$ Convention Dinner@ \$	\$ \$ \$
OTHER REMITTANCE	
Leadership Training/Workshop@ \$ District Awards/Dinner Event@ \$ Founders Day Gifts - Freewill Offerings Other [Please identify]	\$ \$
	TOTAL:
Submitted By:	Position:
Email: Phone: ALL CHECKS MUST HAVE <b>TWO SIGNATURES.</b>	
ALL CHECKS MUST HAVE IWO SIGNATURES.	
FOR DISTRICT USE ONLY  Date Received: Check #: Amount	

<sup>&</sup>quot;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 the president of each local unit."