



Corona-Norco Council of PTAs

Remittance Form

Unit Name _____ Date _____

Item Description	Amount
Membership Dues: # _____ @ \$ _____ (Council, District, State and National portions)	\$
Membership Envelopes	\$
Council Assessment	\$
Advocacy Assessment	\$
Convention Delegate Fee	\$
Founder's Day	\$
Other	\$
Check # Personal Check pd by:	TOTAL \$

Contact Name _____ Phone _____

Date Received by CNCPTA _____

**Units must submit this form when remitting funds to CNCPTA.
One check per item is required. All PTA checks must have two signatures.
Please make checks payable to Corona-Norco Council of PTAs.
Remittance may be mailed to: PO Box 77595 Corona, CA 92877**

Membership Card/Envelope Verification

Boxes of Membership Envelopes received (500 per box) _____

Sheets of Membership Cards Received (8 per sheet) _____

Total Cards _____

Signed _____ Position _____

Important Note

Please exchange cards with mistakes to CNCPTA. Additional cards will only be distributed when documentation for the initial amount of cards has been received by CNCPTA.