

2020-2021 Unit Remittance Form

Name of PTA: _____

Treasurer Name: _____

Phone (____): _____ E-Mail: _____

Membership dues: _____ at \$ 5.75 per capita \$ _____

\$50 Council Assessment Due November 1st \$ _____

\$258 Insurance Premium Due November 1st \$ _____

Check # _____

TOTAL \$ _____

- Make check payable to San Diego Unified Council of PTAs
 (all checks must have TWO SIGNATURES.)
- Send this form with your check to the Council Treasurer at the above address. Keep a copy for your records.

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 Nation Congress of Parents and Teachers, which will be sent to the president of each local unit.

2019-2021 COUNCIL FINANCIAL TEAM

Treasurer: Sarah McKnight	treasurer@sdcouncilpta.org
Financial Secretary: Andrea Ferguson	finsecretary@sdcouncilpta.org
Council Office	info@sdcouncilpta.org