



San Diego Unified Council of PTAs
c/o Ballard Parent Center 2375 Congress St. B-7
San Diego, CA 92110-2318

Unit Remittance Form

Name of PTA:			
Treasurer Name:			
E-mail:		Phone:	

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

\$50 Council Assessment 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.

Questions? E-mail:

- Council Treasurer at treasurer@sdCouncilpta.org
- Council Financial Secretary at finsecretary@sdCouncilpta.org
- Council Office at info@sdCouncilpta.org

