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UNIT REMITTANCE FORM

Units must use this sheet when submitting monies to council.

Date: _____

Unit Name: _____ State PTA ID Number: _____

Unit Address: _____ City/Zip: _____

Council: Redondo Beach Council of PTAs

District PTA: Thirty-Third

Description	# Members/Attendees/Items	Amount (\$)
Membership dues: @ \$5.25 each <i>(Council, district, State, National PTA portions)</i>		
Unit assessment fee to council		
Insurance Premium (through channels to State PTA by 12/20)		
Late Charge Insurance (assessed by State PTA if after 12/20)		
Workers' Compensation form <input type="checkbox"/> and Surcharge <input type="checkbox"/> <i>(check boxes)</i> <i>(through channels to State PTA by 1/31)</i>		
Founders Day freewill offering		
Youth Camp		
Sacramento Safari		
Conferences/Workshops:		
Bylaws Workshop		
Fall Officer Training (UPOC)		
Legislation Conference		
Presidents and Administrators Conference		
Mid-Winter Conference		
Secondary Conference (Teen Scene)		
Annual Meeting		
Convention		
Spring Officer Training		
Supplies:		
Calendars		
Membership Envelopes		
Miscellaneous:		
CHECK #: _____	TOTAL:	

Unit Treasurer _____ Telephone (_____) _____

Address _____

City/Zip _____ E-mail _____

Make check payable to: **Redondo Beach Council PTA.** All checks must have **TWO SIGNATURES.** Make a copy for your records.

Mail to: **Redondo Beach Council PTA (attn.: Financial Secretary), P.O. Box 3979, Redondo Beach, CA 90277.**

Any questions? Contact Shara Rogers, Council Treasurer, at 310-993-6503 or shara.rogers27@gmail.com

The following statement must appear on all local remittance statements in order that the National PTA publication, ***our Children*** may qualify for second-class entry mailing:

"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 to the president of each local unit."