

SECOND DISTRICT OF THE CALIFORNIA STATE PTA  
555 FRANKLIN STREET – ROOM 203, SAN FRANCISCO, CA 94102

**2007-2008 REMITTANCE FORM FOR DUES & INSURANCE**

Use this form for remitting payment of per capita dues and insurance premium to the Second District (San Francisco) PTA Office. Please make checks payable to "Second District PTA". Return form along with payment to San Francisco PTA or Second District PTA, Attn. Treasurer, 555 Franklin Street – Room 203, San Francisco, CA 94102. Keep a copy of this form for your records.

Date \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Total number of membership on this report \_\_\_\_\_

Membership Dues: \$3.50 per member \$ \_\_\_\_\_

*[District Dues – 50¢ State Dues – \$1.25 National Dues – \$1.75]*

Insurance Premium\*\* \$190.00 per unit \$ \_\_\_\_\_

*Covers General Liability, Umbrella, Directors and Officers Liability,  
Fidelity Bond, and Workers' Compensation Insurance. 5 Jan 08 – 5 Jan 09*

Insurance Late Fee (If received after Jan. 15) \$25.00 \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**\*\*Important:** 1. Insurance premiums must be received in the District Office **by January 15, 2008** in order to be forwarded to the California State PTA Office by January 31. Otherwise, the insurance premium will be assessed a late fee penalty of \$25.

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FOR DISTRICT OFFICE USE ONLY

Unit PTA Check # \_\_\_\_\_ Amount of Check \$ \_\_\_\_\_

Date Received \_\_\_\_\_ Received by \_\_\_\_\_