



SECOND DISTRICT OF THE CALIFORNIA STATE PTA
555 FRANKLIN STREET – ROOM 203, SAN FRANCISCO, CA 94102
2nddist@sfpta.org

UNIT PTA
DISTRICT REMITTANCE FORM

Date: \_\_\_\_\_ Unit Remit. Number: \_\_\_\_\_

Please fill out this form completely and legibly for proper allocation of funds. There are many schools in with identical or similar names, and we want to credit the proper PTA unit with this payment.

Unit Financial Secretary / Treasurer's Name: \_\_\_\_\_ email: \_\_\_\_\_

Unit Treasurer's Address: \_\_\_\_\_

Unit Treasurer's Phone Number : \_\_\_\_\_

Total membership on this report (first remittance minimum is 15): \_\_\_\_\_

Name of Unit: \_\_\_\_\_ City: \_\_\_\_\_

Reminder - remittance of membership per capita are due the 1st day of each month

District Dues (\$.50 per member) \$ \_\_\_\_\_

State/Natnl. Dues (\$3.00 per member) \$ \_\_\_\_\_

Insurance/Worker's Comp. \$ 202.00 \_\_\_\_\_

Insurance Late Fee (If paid after January 15th) \$ 25.00 \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL Check # \_\_\_\_\_ \$ \_\_\_\_\_

Please double-check your figures before preparing the check. All checks must have two signatures. Keep a copy of this form for your records and mail one copy to the Second District Treasurer.

Make checks payable to Second District PTA.

The unit financial secretary for 2009-2010 is:

Name

Street address

City with zip

Phone

Email

For District use: \_\_\_\_\_ District Treasurer \_\_\_\_\_ District Membership \_\_\_\_\_ Unit Treasurer \_\_\_\_\_ Other

"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. "