



MEMBERSHIP DUES REMITTANCE REPORT

Local Unit Name: _____

National PTA Local Unit ID Number: _____ Region: _____

Period of Remittance: _____

Number of members reporting: _____ x \$9.25 = _____ (Amount Due)

Membership Chairperson: _____ Phone #: _____

Remitted by: _____ Phone #: _____

Signature: _____ Date: _____

Please mail this report along with a copy of the membership roster** and a check payable to *Hawaii State PTSA* to:

HAWAII STATE PTSA
PO BOX 459
PEARL CITY, HI 96782

For questions regarding this form, please email: histateptsa@gmail.com.

IMPORTANT NOTES BEFORE MAILING:

** *Membership rosters should include each member's name, email address, phone number, and mailing address (if available). A sample membership roster form can be found at www.hawaiistateptsa.org/running-a-pta.html. Rosters can be emailed directly to the Hawaii State PTSA office at histateptsa@gmail.com.*

- Additional members included on a previous roster should have new member names highlighted.
- Be sure the check amount is the correct amount due - \$9.25 per member.
- Membership dues are to be reported and paid monthly, postmarked by the end of each month.
- A \$20.00 fee will be assessed for return checks.