



MEMBERSHIP DUES REMITTANCE REPORT

Local Unit Name: _____

National PTA ID Number: _____ Region: _____

Period of remittance: _____ (Month) _____ (Year)

Total number of members: _____ x \$9.25 = _____ (Amount due)

Membership Chairperson: _____ Contact #: _____
Please Print Name

Remitted by: _____ Contact #: _____
Please Print Name

Signature: _____ Date: _____

Please mail two copies of 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:

- Be sure the check amount is the amount due.
 - Be sure to include a copy of the membership roster, highlighting the members included in this report.
 - Membership dues are to be reported and paid monthly, postmarked by the 5th of each month.
 - A \$20.00 fee will be assessed for return checks.
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