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.

______________________________________________________________

Revised: January 2017