



Remittance Form – Unit to Council

Date _____ Unit Name _____

Total Memberships on this form _____

Membership Dues (subject to change)

\$4.50 per member as of 7-1-11 \$ _____

(National - \$2.25, State - \$1.25, District - \$0.50, Council - \$0.50)

Membership Envelopes \$ _____

Convention Registration \$ _____

Convention Hotel Registration \$ _____

Council Luncheon (May) \$ _____

Insurance \$ _____

Training (check one) Council District \$ _____

Other (specify) _____ \$ _____

TOTAL AMOUNT OF PAYMENT ON THIS FORM \$ _____

Form Submitted By: _____ Phone: _____

Make your check payable to **Riverside Council PTA**

All unit checks must have **TWO SIGNATURES**

Units must use this form when submitting money to Riverside Council PTA

White copy – Council Treasurer

Yellow Copy – Council Chairman

Pink Copy – Unit Treasurer

Council Use Only

Revised 7-2011

Date Received _____ Check # _____ Amount _____