



Riverside Council PTA

Serving the Children of RUSD and the Community



Remittance Form – Unit to Council

Date _____ Unit Name _____

Total Memberships on this form _____

Membership Dues (subject to change)

\$5.25 per member as of 7-1-2015 \$ _____

(National - \$2.25, State - \$2.00, District - \$0.50, Council - \$0.50)

Membership Envelopes \$ _____

Convention Registration \$ _____

Council Luncheon (May) \$ _____

Insurance \$ _____

Training (check one) Council District \$ _____

Other (specify) _____ \$ _____

TOTAL AMOUNT OF PAYMENT ON THIS FORM \$ _____

Form Submitted by: _____ Phone: _____

Make you 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

Please remember to keep a copy of this form for your records.

Council Use Only

Revised

9/23/19

Date Received _____ Check # _____ Amount _____