# 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)

**$6.25 per member** as of 7-1-2025 $_____
(National - $3.25, State - $2.00, District - $0.50, Council - $0.50)
**Must include your manual membership roster with your payment**

Membership Envelopes ($15.00 per box of 500) $_____

Other (specify) _____ $_____

Council Luncheon (Please print names of your guests below) $ _____

1. _____ 2._____

3. _____ 4. _____

5. _____ 6. _____

**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.*

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Council Use Only Revised 06/18/2025

Date Received_____Check #_____Amount_____