

Orange Unified Council of PTAs - Unit Remittance Form

ALL Units Must Use This Form When Submitting Monies to Council

Unit Name: _____ Date: _____

Unit Address: _____
(City) (Zip Code)

Unit State PTA ID Number: _____ Check Number: _____

ITEM DESCRIPTION	AMOUNT
Membership Dues: \$5.75 per member # members: _____	
Membership Envelopes: 500 envelopes @\$15.00 per box # boxes: _____	
Annual Council Assessment Fee: \$150 (due 1st Wednesday in October)	
Reflections Ceremony Donation: \$50 suggested	
Welcome Back Luncheon: \$20 per person # attending: _____	
Scholarship Donation: \$100 suggested	
Community Concerns Donation: \$30 suggested	
Founders' Day Freewill Offering: \$30 suggested	
Installation Breakfast: \$20 per person # attending: _____	
Insurance Premium: \$288 (paid directly to AIM - must be received by December 20)	/////
Insurance Penalty: \$25.00 (assessed by CAPTA if Insurance received after December 20)	
TOTAL AMOUNT REMITTED	

Unit Treasurer: _____ Email: _____

Home Address: _____
(City) (Zip Code)

Home Phone: _____ Cell: _____

Make all checks payable to Orange Unified Council of PTAs (OUCPTAs)

ALL checks must have TWO Signatures

Keep a copy for your records

Please submit remittance at monthly meetings or mail to:

**Orange Unified Council of PTAs
 Attn: OUCPTA Financial Secretary
 P O Box 4128**

Orange, CA 92863-4128

email: financial_secretary@orangeunifiedcouncilpta.org

"A portion of the total sum sent for the National portion of PTA membership dues is payment for one year's subscription to Our Children of the National Congress of Parents and Teachers, which will be sent to the president of each local unit."