

Updated:  
08/26/2025

# NEW PO BOX!!!



## 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: \$6.75 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 Breakfast: \$20 per person # attending: _____                        |        |
| Scholarship Donation: \$100 suggested   |        |
| Community Cares Donation: \$30 suggested  |        |
| Founders' Day Freewill Offering: \$30 suggested                                   |        |
| Installation Breakfast: \$20 per person # attending: _____                        |        |
| Insurance Premium: \$305 (Unit Pays directly to AIM by December 1)                | /////  |
| Insurance Penalty: \$25.00 (Unit Paid after December 20) Late Fee paid to Council |        |
| <b>TOTAL AMOUNT REMITTED</b>  |        |

Unit President Name: \_\_\_\_\_

Unit Treasurer Name: \_\_\_\_\_

Treasurer Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**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**

**Attn: OUCPTA Financial Secretary**

**If Mailing in: \*\*New Po Box\*\***

**Orange Unified Council of PTAs**

**Attn: OUCPTA Financial Secretary**

**Po Box 4833, Orange, Ca 92863-4833**

**Questions: [financial\\_secretary@orangeunifiedcouncilpta.org](mailto:financial_secretary@orangeunifiedcouncilpta.org)**