

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	
TOTAL AMOUNT REMITTED	

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