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### UNIT REMITTANCE FORM

Saddleback Valley Council PTA

Date \_\_\_\_\_

Unit Name \_\_\_\_\_

State PTA ID Number \_\_\_\_\_

Unit Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Council \_\_\_\_\_

District PTA \_\_\_\_\_

Total membership on this report: \_\_\_\_\_

DESCRIPTION	AMOUNT
Membership dues: # _____ @ \$ _____ (Council, district, State, National PTA portions)	\$
Insurance Premium (through channels to State PTA by 12/20)	
Late Charge Insurance (assessed by State PTA if after 12/20)	
Workers' Compensation Surcharge and form (through channels to State PTA by 1/31)	
Founders Day Freewill Offering	
Council Assessments	
District PTA Assessments	
Membership Envelopes	
<b>CHECK #</b>	<b>TOTAL \$</b>

Treasurer \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Email \_\_\_\_\_

Make check payable to: \_\_\_\_\_ Council.

Mail to council treasurer: Name \_\_\_\_\_

Address 25631 Peter A Hartman Way City/Zip Mission Viejo, CA 92691

Council Treasurer Email: svptatreasurer@gmail.com Telephone: 714-333-6206

All checks must have TWO SIGNATURES.

Make a copy for your records.

The following statement must appear on all local remittance statements in order that the National PTA publication, **Our Children** may qualify for second-class entry mailing: svptatreasurer@gmail.com

*"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."*