

VIRGINIA PTA/PTSA
LOCAL UNIT REMITTANCE STATEMENT

Date Rec'd _____
Check # _____
Date _____
Amount _____

National ID # _____

Complete Name of Local PTA/PTSA _____

Address _____ City _____ Zip _____

Name of Local PTA/PTSA President _____

Address _____ City _____ Zip _____

City or County _____ PTA District _____ Peninsula _____

The State and National membership dues should be included in one check payable to the Virginia PTA. Please remit **BOTH** the National and State dues to the Virginia PTA. The National portion is sent from the State Office to the National Office quarterly.

The State portion includes 5 subscriptions to the Virginia PTA BULLETIN. This includes one for the President and one for the Principal.

The National portion includes 1 subscription to Our Children for the President of the local unit.

Dues are payable ON OR BEFORE December 1; March 1 for members received after December 1; and June 30 for members received after March 1.

This payment covers dues received from _____ to _____ .

Enter the number of members

_____ X \$2.50 (\$.75 for State and \$1.75 for National) = _____

FOR STATE OFFICE USE ONLY

	D	FD
S		
N		

PTA Founders Day Gift \$ _____

Total Remitted \$ _____

A COPY OF YOUR MEMBERSHIP LIST IS NOT REQUIRED AT THIS TIME

Name of Treasurer _____ Signature _____

Address _____ City _____ Zip _____

Please mail check and form to:

Virginia PTA/PTSA
1027 Wilmer Avenue
Richmond, VA 23227-2419
Phone: (804) 264-1234
Toll Free: 1-866-4VAKIDS