

2008-2009

**Deadline MARCH 1**

**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**

	<b>D</b>	<b>FD</b>
<b>S</b>		
<b>N</b>		

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