

Membership Dues Remittance Form

Name of Unit:	_____		
Address:	_____		
City:	_____		
County:	_____	ZIP Code:	_____
Region:	_____	Unit ID#	_____

School Enrollment as of October 15: _____

_____ Members @ \$1.75 per person (National dues) \$ _____

_____ Members @ \$1.00 per person (State dues) \$ _____

Total Remittance \$ _____

Check # _____ covering period from _____ to _____

I certify that the number of members and the amount enclosed to be correct to the best of my knowledge.

Treasurer's Signature: _____ Date: _____

Phone Number: (_____) _____

Please send completed form, membership list and payment to:

**Arkansas PTA
P. O. Box 1015
North Little Rock, AR 72115**

***** Do not staple checks or membership list to this form. *****

**To be considered a unit in good standing and to maintain
tax exempt status for the current school year, FINAL membership dues
must be postmarked on or before March 1.**

Office Use Only: DS DR MD OMDR Postmarked _____ Date Received _____
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